

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044919

FILED VS DEC 6 1960

360 Primary Registration District No. 6225 Registrar's No. 240

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Van Buren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Length of stay in 1b <u>344 940</u>		c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Hosp #3</u>				d. STREET ADDRESS (If outside, give location) <u>211 6th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MORT</u> Middle <u>W.</u> Last <u>BENTLEY</u>			4. DATE OF DEATH Month <u>12</u> Day <u>1</u> Year <u>1960</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-21-1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NA. EMPLOYEE</u>		11. BIRTHPLACE (City and state or country) <u>OREGON</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank Bentley</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Canfield</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES JOSEPHINE BENTLEY</u> Address <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>702-128389</u>		17. INFORMANT <u>Hosp. Record</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>						<u>Immediate</u>	
DUE TO (b) <u>Arteriosclerosis</u>						<u>?</u>	
DUE TO (c) <u></u>						<u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>11-1-59</u> to <u>12-1-59</u> and last saw <u>him</u> alive on <u>12-1-60</u> Death occurred at <u>12 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>F. W. ... M.D.</u>			22b. ADDRESS <u>NEVADA, MISSOURI</u>			22c. DATE SIGNED <u>12-1-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 5, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MONETT, MISSOURI</u>			
24. FUNERAL DIRECTOR <u>MERCER FUNERAL HOME</u>		ADDRESS <u>MONETT, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-3-1960</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Jewry</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1960

JAN 10 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roy H. Mercer

Licensed Embalmer No. *4432*

P. O. Address *Monett, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.