

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032610

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 123

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED OCT 3 1961

1. PLACE OF DEATH
 a. COUNTY Harrison
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Hampton Length of stay in 1b 10 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Part Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) West Part Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Harrison
 c. CITY OR TOWN New Hampton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) West Part Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Walter A. Bender
 4. DATE OF DEATH Month Day Year
Sept. 29 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 3-30-1882 9. AGE (last birthday) 79
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
 10b. KIND OF BUSINESS OR INDUSTRY Own Farm 11. BIRTHPLACE (City and state or country) Harrison County Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Bender 13b. MOTHER'S MAIDEN NAME Margaret Funk 14. NAME OF HUSBAND OR WIFE Maude Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No 17. INFORMANT Address Mrs Maude Bender New Hampton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year
Hour _____
a.m. _____
p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 at time of death and last saw him alive on 9-28-61
 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do, free or title) R. L. Green, D.O. 22b. ADDRESS New Hampton Mo 22c. DATE SIGNED 9-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-2-61 23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery 23d. LOCATION (City, town, or county) (State) New Hampton, Missouri

24. FUNERAL DIRECTOR ADDRESS Table Funeral Home New Hampton, Mo. 25. DATE RECD. BY LOCAL REG. 9-30-1961 26. REGISTRAR'S SIGNATURE Gella Mapey
E.C.R. Note

STATEMENT BY LICENSED EMBALMER

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

Student _____
 Signature of Student Embalmer

Signed William George Noble
 Licensed Embalmer No. 4987
 P. O. Address Bethany, 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.