

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Filed SEP 21 1961 318 Primary Registration, District No. 1003 Registrar's No. 8525 -61-034030 STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 20 days		c. CITY OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 405 East 7th St		
3. NAME OF DECEASED (Type or print) First Middle Last Walter Allen Bender		4. DATE OF DEATH Month Day Year September 13 1961		5. SEX Male		6. COLOR OR RACE White		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-8-1886		9. AGE (last birthday) 75		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Diesel Shop Foreman			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Jessie Dee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT Address 405 E. 7th Jessie Dee Bender Sedalia, 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) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) <i>331X</i>							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis gen.</i>						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 a.m. p.m. 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 August 25, 1961 to Sept. 13, 1961 and last saw him alive on Sept. 13, 1961 Death occurred at 10:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Charles Kuam, M.D.</i> (Degree or title)				22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED 9-13-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-13-1961	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) N. Manchester Indiana			
24. FUNERAL DIRECTOR Gillespie Funeral Home, Sedalia, Mo.			25. DATE RECD. BY LOCAL REG. SEP 13 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

DW Heckart

Licensed Embalmer No. _____

3470

P. O. Address _____

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.