

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040646

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 38

STATE FILE NUMBER

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY <u>Dascombade</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before death) (a) STATE <u>Mo</u> (b) COUNTY <u>Dascombade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Blond</u>		c. CITY OR TOWN <u>Blond</u>	
Length of stay in 1b <u>25 yrs</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>AT home</u>		d. STREET ADDRESS (If outside, give location) <u>AT home</u>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>August</u> Last <u>Bentlage</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>24</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1889</u>
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	
11. BIRTHPLACE (City and state or country) <u>OSAGE County Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Bentlage</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bushner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> (unknown)) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-16-0903</u>	
17. INFORMANT <u>Paul Bentlage - City - Mo.</u>		Address <u>Jefferson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial Sclerosis Heart Dis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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) <u>Ch 2 Prostate</u>		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 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 <u>2-30-54</u> to <u>11-24-61</u> and last saw him alive on <u>11-19-61</u> Death occurred at <u>2:30</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles H. Smith M.D.</u>		22b. ADDRESS <u>Clermont Mo</u>	
22c. DATE SIGNED <u>7-54</u>			
23a. FUNERAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Buried</u>	23b. DATE <u>Nov-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>old Blond Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Blond-Mo.</u>
24. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>Chas. Saxon Blond-Mo</u>		25. DATE RECD. BY LOCAL REG. <u>November 25, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappmeyer</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 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

Charles Lassman

Licensed Embalmer No.

4128

P. O. Address

Blanch

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.