

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021907

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 337

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109

2 0210-

3

4 0

5 2

6

7 0

8 1

9 4200

10

11

12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 25 1962		1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARLTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		Length of stay in 1b <u>15 hrs</u>		c. CITY OR TOWN <u>KEYTESVILLE</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>MISSOURI UNIVERSITY MEDICAL CENTER</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT HICKERSON BENTLEY</u>			4. DATE OF DEATH Month Day Year <u>6 15 62</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W.</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>7-6-91</u>	9. AGE (last birthday) <u>70</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>COUNTY PROB. JUDGE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTY JUDGE SALISBURY, Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS C. BENTLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA HICKERSON</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes would want</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT <u>HOSPITAL RECORD</u>		Address <u>COLUMBIA, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary OF aorta</u> DUE TO (b) <u>atrial fibrillation</u> DUE TO (c) <u>arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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>6-14-62</u> to <u>6-15-62</u> and last saw him alive on <u>6-15-62</u> Death occurred at <u>4 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>John Madler MD</u>			22b. ADDRESS <u>407 W. Med. Center Columbia Mo</u>		22c. DATE SIGNED <u>6-15-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
24. FUNERAL DIRECTOR <u>PARKER FUNERAL SERVICE, Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>June 15 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

JUN 26 1962

JUN 28 1962

APR 9 1963

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 Donald L Robert

Licensed Embalmer No. 4922

P. O. Address Columbia 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.