

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36346

State File No. ....

0140

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5173 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Holt Summit</u> c. LENGTH OF STAY (In this place) <u>58</u>		c. CITY OR TOWN <u>Holt Summit</u> d. STREET ADDRESS (If rural, give location) <u>In town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In town</u>			
3. NAME OF DECEASED a. (First) <u>Hattie</u> b. (Middle) <u>Bentley</u> c. (Last) <u>Bentley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 15, 1892</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR (Month) (Day) <u>8 10</u>	IF UNDER 24 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Holt Summit, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Cranham</u>	14. NAME OF HUSBAND OR WIFE <u>James Bentley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, per, or this person) (If yes, give year & status of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Hawkins</u> ADDRESS <u>125 E. High Jefferson Ave. Holt Summit, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease with decompensated heart. Valvular insufficiencies</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Enlarged liver</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 22, 1950</u> , to <u>Nov 29, 1950</u> , that I last saw the deceased alive on <u>Nov 23, 1950</u> , and that death occurred at <u>9:20 AM</u> <u>Nov 29, 1950</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William G. Cox M.D.</u>		23b. ADDRESS <u>125 E. High Jefferson Ave. Holt Summit, Mo.</u> c. DATE SIGNED <u>Nov 28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Summit Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov 29-50</u>	REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson</u> ADDRESS <u>J. C. Mo.</u>

110418

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. H. Melson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address Jmo

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