

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24357**  
Registrar's No. **3092**

FILED AUG 7 0077  
BIRTH NO. 4 1952

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe 0592</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>121 Church St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Children's Mercy Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>LEROY</b> c. (Last) <b>Bentley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 8 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>9-15-51</b>
9. AGE (in years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>23</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Chillicothe Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Joseph Bentley Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Lewis</b>	
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)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Bentley Jr</b> ADDRESS <b>121 Church Chillicothe</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningo - encephalitic non epidemic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>3403</b>	
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 <b>7-5</b> , 19 <b>52</b> , to <b>7-8</b> , 19 <b>52</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at <b>12:35 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H.M. Galko MD</b>		23b. ADDRESS <b>1624 Prof Bldg</b>	
23c. DATE SIGNED <b>7/8/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-10-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>South Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Chillicothe Mo</b>
DATE REC'D BY LOCAL REG. <b>7-8-52</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Beckwith</b> ADDRESS <b>3227 Chillicothe Mo</b>	

204521

---

---

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 .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 3227 .....

P. O. Address Chillicothe 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 this body is not embalmed, fact should be so stated above.