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FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41818

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10863**

1. PLACE OF DEATH a. COUNTY City		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Ft. Madison	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 Days		e. STREET ADDRESS (If rural, give location) 1211 Ave. E.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3143

3. NAME OF DECEASED (Type or Print) a. (First) MRS. MABEL b. (Middle) STELLERN c. (Last) BENTZINGER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1955			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 26, 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Sacred Heart Hosp.		11. BIRTHPLACE (City and State or Foreign Country) Ft. Madison, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Stellern		13b. MOTHER'S MAIDEN NAME Bertha White		14. NAME OF HUSBAND OR WIFE Floyd Bentzinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 726-18-4608		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nieters Funeral Home, Ft. Madison	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____			_____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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 **Nov 30, 1955**, to **Dec 10, 1955**, that I last saw the deceased alive on **Dec 10, 1955**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank A. Palazzo M.D. (Degree or title)		23b. ADDRESS 4161 Lindell Blvd.		23c. DATE SIGNED 12-12-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Auto	24b. DATE 12/12/1955	24c. NAME OF CEMETERY OR CREMATORY Tethsemane Cem. Ft. Madison, Iowa	24d. LOCATION (City, town, or county) (State) _____		
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DATE REC'D BY LOCAL REG. DEC 12 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar		
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank A. Palazzo
4161 Lindell Blvd.
Je. 19933

Hrs: *SA. [unclear]*

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 *Melvin L. Kessinger*.....

Licensed Embalmer No. *40*.....

P. O. Address *3505 Oak St. Louis 20, 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.