

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40791

State File No. ....

FILED JAN 2 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5172 Registrar's No. 342

1. PLACE OF DEATH  
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE Missouri b. COUNTY Montgomery

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - upper Loure c. LENGTH OF STAY (In this place) 2 weeks

c. CITY OR TOWN Wellsville d. Is Residence within limits of a city or incorporated town? Yes  No  0740

d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles S. W. Wellsville

STREET ADDRESS (If rural, give location) 4 miles S. W. Wellsville

3. NAME OF DECEASED  
a. (First) ORO b. (Middle) DELL c. (Last) BENTLEY

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Apr. 12 1878

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 8 Day 11 IF UNDER 11 HRS. Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY House work

11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo

12. CITIZEN OF WHAT COUNTRY? S. A.

13a. FATHER'S NAME James Gibson

13b. MOTHER'S MAIDEN NAME Anna Boswell

14. NAME OF HUSBAND OR WIFE Deceased

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Bentley Wellsville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of liver  
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.

INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 1561

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1956, to Dec 23, 1956, that I last saw the deceased alive on Dec 23, 1956, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis H. Wells M.D.

23b. ADDRESS Wellsville Mo.

23c. DATE SIGNED 12-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/25/56

24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery

24d. LOCATION (City, town, or county) (State) Wellsville, Missouri

DATE REC'D BY LOCAL REG. Dec 26 1956

REGISTRAR'S SIGNATURE Maretha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Wells Wellsville Mo

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

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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 *A.B. Hall*

Licensed Embalmer No. *1588*  
P. O. Address *Hillsville*

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.