

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28724**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4315** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>Knox</b>	
b. CITY OR TOWN <b>La Plata</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence of Son</b>		d. STREET ADDRESS (If rural, give location) <b>0520</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLAUDE</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>BENTLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 7 1957</b>
-------------------------------------	--------------------------	------------------------	--------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>12 Sept 1887</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
-----------------	---------------------------	---	--------------------------------------	---	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Valentia Bentley</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Craigmyer</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vernie Bentley</b>	ADDRESS <b>Baring, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>Months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic endocarditis</b> DUE TO (c) <b>Aortic sclerosis</b>		<b>10 years</b> <b>10 years</b>
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 <b>4214</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 **1955 to Aug 7, 1957**, that I last saw the deceased alive on **Aug 4, 1957** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles W. Gillet MD</b>	23b. ADDRESS <b>La Plata, Mo</b>	23c. DATE SIGNED <b>8/7/57</b>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>9 Aug 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Locust Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knox County, Mo</b>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>8/15/57</b>	REGISTRAR'S SIGNATURE <b>Walter McNeely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Primer</b>	ADDRESS <b>Elkins, Mo</b>
---	---	--	---------------------------

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

125

County File No. 8.57.141  
Date Filed 8.23.57

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 \_\_\_\_\_

A. S. Primer

Student Embalmer No. 544

working under my personal supervision.

Student A. S. Primer  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.