

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020574
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 181

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Auxvasse	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Memorial		Length of stay in 1b 14 days	d. STREET ADDRESS (If outside, give location) Main st. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Richard Middle Izera Last Bentley			4. DATE OF DEATH Month June Day 27 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8, 1883	9. AGE 76 years last (Day) Months Days Hours Min.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Callaway County Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Bentley		13b. MOTHER'S MAIDEN NAME Susie Bentley		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491366105		17. INFORMANT George Bentley, Auxvasse, Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis		
	DUE TO (c) Generalized Arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **June 13, 1959** to **June 27, 1959** and last saw ^{him} alive on **June 27, 1959**
Death occurred at **7:58 p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lloyd E. Hutchins D.O. (Degree or title) 2	22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 7/5/1959
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23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE June 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County, Mo.
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24. FUNERAL DIRECTOR Mauspian Funeral Home, Fulton, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. July 6-1959	26. REGISTRAR'S SIGNATURE Maritta Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*

P. O. Address *Fulton, Md*

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.