

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarasopie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarasopie</u>	
c. LENGTH OF STAY (If this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>no</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Back yard</u>			

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) M. c. (Last) Bandy

4. DATE OF DEATH (Month) (Day) (Year) 2-25-49

5. SEX M 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Apr 26-1864

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Arkansas (Barton Co)

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Flora (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Pearl Cabine, Sarasopie, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1 min

ANTECEDENT CAUSES

*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 (b) Coronary sclerosis 15 yrs.

DUE TO (c) arteriosclerosis 15-20 yrs

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 46 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) Sarasopie Jasper MO-

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 May 16, 1944, to Feb 25, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.C. Kilbane 23b. ADDRESS W.O. 2 Sarasopie Mo 23c. DATE SIGNED Feb 29-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-27-49 24c. NAME OF CEMETERY OR CREMATORY Sarasopie Cem 24d. LOCATION (City, town, or county) (State) Sarasopie Mo

DATE REC'D BY LOCAL REG. Feb 4-1949 REGISTRAR'S SIGNATURE L.B. Clinton 139 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jackson & Sons Sarasopie Mo

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

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 me

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcove Inc

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.