

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12264  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5231 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sherman</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sherman</u>	
c. LENGTH OF STAY (If in this place) <u>70 years</u>		d. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Francis</u> c. (Last) <u>O'Bannon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2, 1864</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> IF UNDER 12 HRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Galesberg, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George W Wade</u>			13b. MOTHER'S MAIDEN NAME <u>Isabel McHrew</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel B O'Bannon</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank O'Bannon Creighton, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>1 wk</u>  <u>6-yr</u>  <u>33 yr</u>	
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19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Nov 10, 1943, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. J. Mcmemoris</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Garden City Mo</u>			23c. DATE SIGNED <u>4/20/50</u>		
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/20/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant</u>		24d. LOCATION (City, town, or county) (State) <u>Creighton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura Jones</u> 51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Arnold Creighton, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

OCT 11 1950

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 \_\_\_\_\_  
Student Embalmer

Signed

*Hobart Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Coughton, 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.