

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1951

0352

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> d. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>806 Whitney St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>William</u>	
c. (Last) <u>Banister</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 25, 1860</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Banister</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Zora Banister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Banister</u>		ADDRESS	
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>Generalized Peritonitis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Ruptured Peptic Ulcer</u>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diverticulitis, acute</u>	
19a. DATE OF OPERATION <u>9-17-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Chemical Peritonitis + acute Diverticulitis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u>9-17</u> , 19 <u>51</u> , to <u>9-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>51</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Mittenberger M.D.</u>		23b. ADDRESS <u>Kennett, Missouri</u>	
23c. DATE SIGNED <u>9-18-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Nelson - Kennett Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Nelson - Kennett Mo.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>9-21-1951</u>		REGISTRAR'S SIGNATURE <u>Earl W. Hubbard</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-22-51
COUNTY FILE NUMBER 951-250

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Arnold R. Moon

Licensed Embalmer No. 4436

P. O. Address Hamlet, 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 this body is not embalmed, fact should be so stated above.