No. 300
10.48

FILED APR 7 1952

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

11797

State File No.

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 42

**1. PLACE OF DEATH**
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Township
c. LENGTH OF STAY (In this place) 1-2-0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler 0071
d. STREET ADDRESS (If rural, give location) /

**3. NAME OF DECEASED** (Type or Print)
a. (First) Christopher b. (Middle) Dee c. (Last) O'Bannon

**4. DATE OF DEATH** (Month) April (Day) 1 (Year) 1952

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married **8. DATE OF BIRTH** 12-22-1862 **9. AGE** (In years last birthday) 89 IF UNDER 1 YEAR: Months 3 Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Kentucky **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** J. H. O'Bannon **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Never Married

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** State Hosp # 3 Records **ADDRESS** Nevada Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Heart Disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Senile Psychosis — 1½ years

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** 4200 **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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m. **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* 8-25, 19 51, *to* 4-1, 19 52 *that I last saw the deceased alive on* 4-1, 19 52 *and that death occurred at* 11:50 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) George N. Peeler M.D. **23b. ADDRESS** State Hosp 3 Nevada Mo **23c. DATE SIGNED** 4-2-1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 4-4-1952 **24c. NAME OF CEMETERY OR CREMATORY** Bethel Cemetery **24d. LOCATION** (City, town, or county) (State) Bates Co., Mo.

**DATE REC'D BY LOCAL REG.** 4-3-52 **REGISTRAR'S SIGNATURE** Emma L. Ferry 451 **25. FUNERAL DIRECTOR'S SIGNATURE** Cahen-Underwood **ADDRESS** Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.