

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1954

State File No. 652
Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> c. LENGTH OF STAY (in this place) <u>11 Days</u>		c. CITY OR TOWN <u>Jefferson</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>In town 0260</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Norman</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Bobannan</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 4 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 27 1909</u>	9. AGE (In years last birthday) Months Days <u>44 6 7</u>	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Prison</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Paul Bobannan</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Pruitt</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) <u>No</u>	(If yes, state war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom Harrison-Lehman, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>6 weeks</u> <u>chronic</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>		
	DUE TO (c) <u>Coronary Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		<u>4-201</u>

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 <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 11-22, 1953 to 1-4, 1954, that I last saw the deceased alive on 1-4, 1954, and that death occurred at 10:10 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Dale Atterbury, M.D.</u>	23b. ADDRESS <u>Clementon, Mo.</u>	23c. DATE SIGNED <u>1-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline J. J. C. Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 11 1954

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 *L.H. Anderson*

Licensed Embalmer No. 368

P. O. Address *J.C.M.*

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.