

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36120  
Registrar's No. 27

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

**I. PLACE OF DEATH**  
 a. COUNTY Butler  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Pop.  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Poplar Bluff

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE Mo.  
 b. COUNTY Butler  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff  
 d. STREET ADDRESS (If rural, give location) Route #1

**3. NAME OF DECEASED**  
 a. (First) Joseph  
 b. (Middle) Ban  
 c. (Last) Ban

**4. DATE OF DEATH** (Month) (Day) (Year)  
Nov. 25, 1955

**5. SEX** Male  
**6. COLOR OR RACE** White  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
Married  
**8. DATE OF BIRTH** Feb. 14, 1874  
**9. AGE** (In years last birthday) (Months) (Days) (Hours) (Mins.)  
81 9 11

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
Farmer  
**10b. KIND OF BUSINESS OR INDUSTRY**  
**11. BIRTHPLACE** (City and State or Foreign Country) Austria  
**12. CITIZEN OF WHAT COUNTRY?** ?

**13a. FATHER'S NAME** Jim Ban  
**13b. MOTHER'S MAIDEN NAME** Unknown  
**14. NAME OF HUSBAND OR WIFE** Josephine Jordan Ban

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No  
**16. SOCIAL SECURITY NO.**  
**17. INFORMANT'S SIGNATURE OR NAME** Joe Ban  
**ADDRESS** Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Multiple abdominal tumors  
 ANTECEDENT CAUSES Metastases of unknown origin  
 DUE TO (b) Originis  
 DUE TO (c)  
 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**  
**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)  
**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, 1955, to 25 Nov, 1955, that I last saw the deceased alive on 15 Nov, 1955, and that death occurred at 6:55 am, from the causes and on the date stated above.**

**23. SIGNATURE** (Degree or title) Dr. B. B. ...  
**23b. ADDRESS** 3212 Poplar Bluff, Mo  
**23c. DATE SIGNED** 25 Nov 55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial  
**24b. DATE** 11-28-55  
**24c. NAME OF CEMETERY OR CREMATORY** Catholic Cem.  
**24d. LOCATION** (City, town, or county) (State) Poplar Bluff, Mo.

**DATE REC'D BY LOCAL REG.** 12/1/55  
**REGISTRAR'S SIGNATURE** PA ...  
**5. FUNERAL DIRECTOR'S SIGNATURE** Frank-Cotrell  
**ADDRESS** Poplar Bluff, Mo.

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

0220

6120

RECEIVED  
DEC 6 1955

BUTLER CO HEALTH CENTER

FILE No. \_\_\_\_\_

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine  
poplar Bluff - 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 this body is not embalmed, fact should be so stated above.