

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 29

2013

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>	
c. LENGTH OF STAY (in this place) <u>5 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melinda</u> b. (Middle) <u>Bertha</u> c. (Last) <u>Banner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>		
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>Dec. 20, 1866</u>		9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Thomas Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Conkin</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Banner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Hennen, Green City, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial failure</u>		<u>Sudden</u>	
		DUE TO (c) <u>Arteriosclerosis</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertensive Cardio-vascular disease - Hepatitis</u>		<u>years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Jan. 16, 1956, to Jan 26, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>1-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elm Wood Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>			

DATE REC'D BY LOCAL REG. <u>1-29-56</u>		REGISTRAR'S SIGNATURE <u>late Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clenn E. Zent & Son, Green City, Mo</u>	
---	--	---	--	---	--

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 Carl R. Feat
Licensed Embalmer No. 4689

P. O. Address Green City, 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.