

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16245**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1930			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY JACKSON 5638	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN 03 TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL No. 1				f. STREET ADDRESS (If rural, give location) 4524 VIRGINIA AVENUE					
3. NAME OF DECEASED (Type or Print)		a. (First) GENEVA		b. (Middle) LORRAINE		c. (Last) BANNISTER		4. DATE OF DEATH (Month) (Day) (Year) MAY - 2 - 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 10, 1927		9. AGE (In years last birthday) 28	UNDER 1 YEAR Months	UNDER 1 HR. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE & BEAUTICIAN - SELF-EMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME VIRGIL DRYER			13b. MOTHER'S MAIDEN NAME GLADYS ANDERSON			14. NAME OF HUSBAND OR WIFE ROBERT L. BANNISTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492.26.2437		17. INFORMANT'S SIGNATURE OR NAME VIRGIL DRYER				ADDRESS 5715 MAYWOOD, RAYTOWN, 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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fragmented Liver for Ribs Hemorrhage Chest & Plural Cavities Guns that Wound Chest				INTERVAL BETWEEN ONSET AND DEATH 1,981X	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, restaurant, street, office building, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Kansas City		(COUNTY) Jackson mo		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 256		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by Husband					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15A. m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh H Owens (Degree or title) 3					23b. ADDRESS 1034 1/2 North 1st		23c. DATE SIGNED 5-3-56		
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 4, 1956		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town or county) KANSAS CITY		(State) MISSOURI	
DATE REC'D BY LOCAL REG. 5-4-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer ADDRESS 1331 N. W. 1st St. Kansas City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

OCT 6 1950

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 Basil V. Honey

Licensed Embalmer No. H. 7

P. O. Address P. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.