

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30578**

FILED OCT 3 1956

Registrar's No. **3978**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 10.01		Registrar's No. 3978			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (In this place) 30 yrs		c. CITY OR TOWN Kansas City		d. In 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 3528 Genesee				e. STREET ADDRESS (If rural, give location) 3528 Genesee					
3. NAME OF DECEASED (Type or Print) Ethel			a. (First)		b. (Middle) Banta		c. (Last)		
4. DATE OF DEATH		(Month) Sept.		(Day) 9,		(Year) 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 30, 1899		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Roxy Jewell			13b. MOTHER'S MAIDEN NAME Katherine Davis			14. NAME OF HUSBAND OR WIFE Ray Banta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Billie Mosby, 3528 Genesee		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 yrs	
*This does not mean (the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mixed Tumor of Parotid gland				4 yrs.	
DUE TO (c)								142°	
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) (Min.)		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 May , 1956, to Sept. 9 , 1956, that I last saw the deceased alive on Sept. 8 , 1956 and that death occurred at 1:20 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. Sheldon (Degree or title) M.D.				23b. ADDRESS 6305 Brookside Plaza		23c. DATE SIGNED Sept. 10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-1956		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 9-11-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home, K.C. Kan		ADDRESS			

(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph D. Goullb*.....

Licensed Embalmer No. *5004*.....

P. O. Address *K. C. Kai*.....

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.