

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42357**

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **33**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia	c. LENGTH OF STAY (In this place) 3 yrs.	c. CITY OR TOWN Sedalia	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 1822 South Ingram <i>Court's Nursing Home</i>		STREET ADDRESS (If rural, give location) 1615 West 10th	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) JAMES c. (Last) BANNISTER	4. DATE OF DEATH (Month) (Day) (Year) December 10, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 26, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman	10b. KIND OF BUSINESS OR INDUSTRY Retail and Wholesale Lumber	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frederick Bannister	13b. MOTHER'S MAIDEN NAME Edith Nevius	14. NAME OF HUSBAND OR WIFE Christina Rawlins Bannister
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-18-0466	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. R.M. Johns, Jr. 1615 West 10th Sedalia, Missouri
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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) Uremia		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis		1 yr
	DUE TO (c) Prostatitis		4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy cerebral			6 yrs

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 611X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-15**, 19**55** to **12-10**, 19**56**, that I last saw the deceased alive on **12-10**, 19**56**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas DeShone (Degree or title) M.D.	23b. ADDRESS Sedalia MO	23c. DATE SIGNED 12-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/56	24c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 12-12-56	REGISTRAR'S SIGNATURE Thelma Cozart Deputy	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Marion Evans Sedalia, MO.
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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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.