

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20642**

FILED JUN 25 1957

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>FRANKLIN</u>		b. COUNTY <u>FRANKLIN</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONE TWP</u>		c. LENGTH OF STAY (in this place) <u>13 YRS</u>		c. CITY OR TOWN <u>LESLIE R.R. 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHN BANDY FARM</u>				f. STREET ADDRESS (If rural, give location) <u>BOONE TWP</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>HAROLD</u>	b. (Middle) <u>GENE</u>	c. (Last) <u>BANDY</u>	(Month) <u>JUNE</u>	(Day) <u>15</u>	(Year) <u>1957</u>	MALE	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 9, 1943</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>LESLIE R.R. 2, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>JOHN BANDY</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE PALO</u>	14. NAME OF HUSBAND OR WIFE _____	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 <u>JOHN BANDY</u>	ADDRESS <u>LESLIE, MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>	ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____	
						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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>BOONE TWP</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BOONE TOWN FRANKLIN MO.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/15/57 1:20 p.m.</u>				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>In Auto Forging Creek</u>	21g. HOW DID INJURY OCCUR? <u>Flash Flood</u>					
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED <u>6/15/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/19/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEM. CHURCH</u>	24d. LOCATION (City, town, or county) (State) <u>LESLIE R.R. 2, MO.</u>				
DATE REC'D BY LOCAL REG. <u>June 19 1957</u>	REGISTRAR'S SIGNATURE <u>John Charles Tenley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheaton Sullivan</u>	ADDRESS <u>Mo.</u>				

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..... *Bryan J. Bee*  
Licensed Embalmer No..... 49

P. O. Address..... 347 Chas. Sullivan, 46

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.