

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

2604

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1105**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Cantwell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Desloge, Hosp.</b>		Length of stay in lb <b>1 Day</b>		d. STREET ADDRESS <b>3/</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>Henry</b> Last <b>Bannister</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>29th.</b> Year <b>1958</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 24, 1888</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant, Retired</b>
10a.	10b.	10c.	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	10d.	10e.	10f.
13. FATHER'S NAME <b>Frank Bannister</b>				14. MOTHER'S MAIDEN NAME <b>Vinie Tripp</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499 03 6514</b>		17. INFORMANT <b>Roy Bannister, Desloge, Mo.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>COR PULMONALE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>EMPHYSEMA OBSTRUCTIVE</b> <b>10 YEARS</b>	
						DUE TO (c) <b>CHRONIC BRONCHITIS</b> <b>? YEARS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Thrombophlebitis of leg</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>502.0</b>				
20c. TIME OF INJURY Hour <b>3:20</b> Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Sept 1955</b> to <b>JAN 29, 1958</b> and last saw <sup>her</sup> alive on <b>JAN 29, 1958</b> Death occurred at <b>3:20 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Herbert Sweet MD</b>				22b. ADDRESS <b>508 N. GRAND</b>		22c. DATE SIGNED <b>1/29/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/29/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Herod Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois Co., Mo</b>		
24. FUNERAL DIRECTOR <b>Boyer &amp; Son</b> ADDRESS <b>Desloge, Missouri.</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 29 58</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b> <b>MSB</b>		

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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 em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *B. T. Boyer*  
Licensed Embalmer No. 3660

P. O. Address Desloge, M

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.