

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015374

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 42

S. 300  
v. 1-57  
0898

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Richmond</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ray County Memorial Hospital</b>		Length of stay in lb <b>1 days</b>		d. STREET ADDRESS <b>R.F.D #4 limits</b>	
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Jefferson</b> Last <b>Bannister</b>			4. DATE OF DEATH Month <b>April</b> Day <b>21</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 21, 1881</b>	9. AGE (In years last birthday) <b>76</b>	10. FUNDER 1 YEAR Months <b>9</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming &amp; carpentering</b>		11. BIRTHPLACE (City and state or country) <b>Ray County, Missouri</b>	
13a. FATHER'S NAME <b>Amos Bannister</b>		13b. MOTHER'S MAIDEN NAME <b>Savannah Coffman</b>		14. NAME OF HUSBAND OR WIFE <b>Lela (Moffitt) Bannister</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Lela Bannister, Richmond, Mo.</b>	
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>Coronary Occlusion</b> DUE TO - (b) <b>Cerebral Vascular Accident</b> DUE TO - (c) <b>4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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		20g. COUNTY STATE	
21. I attended the deceased from <b>4-18-58</b> to <b>4-21-58</b> and last saw him alive on <b>4-21-58</b> Death occurred at <b>1:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Thomas B. Cook M.D.</b>			22b. ADDRESS <b>Richmond Mo.</b>		22c. DATE SIGNED <b>4/24/58</b>
23a. BURIAL, CREMATION, (Specify) <b>Burial</b>		23b. DATE <b>April 24, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Hope</b>	
23d. LOCATION (City, town, or county) <b>Ray County, Missouri</b>		23e. (State)			
24. FUNERAL DIRECTOR <b>Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5-1-1958</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	
24. ADDRESS <b>Richmond, Missouri</b>					

75  
0

Ray

Missouri

Ray

x

Richmond

x

Richmond Township

x

West City  
L.F.O. limits

1 days

Memorial Hospital  
Ray County

April 21, 1928

Barnister

Jefferson

Thomas

0 0 26

July 21, 1881

x

White

Male

U.S.A.

Ray County, Missouri

carpentering & cabinet making

Barnister & Carpenter

John (Moffitt) Barnister

Savannah Coffman

Amos Barnister

None, Mrs. John Barnister, Richmond, Mo.

None

None

None

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

XX

Signed *George H. ...*

Licensed Embalmer No. 4066

P. O. Address Richmond

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.

Richmond, Missouri  
West-Lite Funeral Home