

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006156

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 16

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	JEFFERSON	a. STATE	MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only)	PLATTIN	b. COUNTY	JEFFERSON
OR TOWN	PLATTIN	c. CITY OR TOWN	FESTUS, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	AT HOME	d. STREET ADDRESS	R. R. #3
Length of stay in lb	YRS	(If outside, give location)	
Reside on Form		Reside on Form	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
LAZIUS BANJAI			FEB. 8 1959		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
MALE	WHITE	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	OCT. 5, 1893	65	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
CARPENTER		BUILDING	HUNGARY, EUROPE	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
NICKLOIS BANJAI			MARY WICALE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		
NO		498-07-6949	MARY BANJAI, R. R. #3, FESTUS, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Carcinoma at head of Pancreas		year-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED?
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
			157X
20c. TIME OF INJURY		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
Hour Month, Day, Year			
a. m. p. m.		20f. CITY, TOWN, OR LOCATION	
		COUNTY STATE	

21. I attended the deceased from Oct. 1958 to Feb 8, 1959 and last saw him alive on Feb 8, 1959	
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED
R. E. Pierce, D.O.	105 Easton, D. S. 2	2-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CRYPT	23d. LOCATION (City, town, or county)
BURIAL	2-10-59	ROSE LAWN	CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
James R. Culy, Crystal City, Mo.	Feb. 9, 1959	Maria Harris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

with, all, file, twice

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This certificate must be securely stored. Certifier cannot certify to a death due to natural causes.

FEB 19 1957

RECEIVED
FEB 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James Richard Cady*
Licensed Embalmer No. *47*

P. O. Address *CRYSTAL*

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.