

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045522

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 233

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Marshall

Length of stay in lb
19 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Fitzgibbon Hosp.

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Marshall

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
307 So. Redman

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
William Ollie Banty

4. DATE OF DEATH
Month Day Year
November 23, 1962

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/8/31

9. AGE (last birthday)
31

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Napton, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ollie Banty

13b. MOTHER'S MAIDEN NAME

Lulu Tindall

14. NAME OF HUSBAND OR WIFE

Eva Bynum Banty

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.
500-18-2489

17. INFORMANT
Mrs. Eva Banty, Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken neck + Skull fractures

INTERVAL BETWEEN ONSET AND DEATH
Feb 11/72

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 (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Car Acc Death

20c. TIME OF INJURY
Hour Month, Day, Year
8:30 p.m. Nov. 23-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
1 Mile South Highway 240

20f. CITY, TOWN, OR LOCATION
Marshall

COUNTY
Saline

STATE
MO

21. I attended the deceased on 11-24-62 and last saw him alive on 11-24-62
Death occurred at 8:32 p.m. 11-23-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
M.D. Coroner Saline Co

22b. ADDRESS

Marshall Mo.

22c. DATE SIGNED

11-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11/26/62

23c. NAME OF CEMETERY OR CREMATORY
Fairview Cemetery

23d. LOCATION (City, town, or county)
Marshall, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

George H. Green, Fulton, Missouri

25. DATE RECD. BY LOCAL REG.

11-26-62

26. REGISTRAR'S SIGNATURE

Cecil G. Read

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DEC 21 1962
FEB 27 1963
MAR 26 1963
JUL 18 1963

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.