

Health,
& Welfare
Public
Service

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 Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond
c. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Memorial Hospital		Length of stay in lb 1 days	d. STREET ADDRESS (If outside city limits) R.F.D #4 limits
3. NAME OF DECEASED (Type or print) First Thomas Middle Jefferson Last Bannister			4. DATE OF DEATH Month April Day 21 , Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farming & carpentering	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Amos Bannister		13b. MOTHER'S MAIDEN NAME Savannah Coffman	14. NAME OF HUSBAND OR WIFE Lela (Moffitt) Bannister
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Lela Bannister, Richmond, 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) Coronary Occlusion DUE TO - (b) Cerebral Vascular Accident - old DUE TO - (c) 4201 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 4-18-57 to 4-21-58 and last saw him her alive on 4-21-58 Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas B. Coffman M.D.		22b. ADDRESS Richmond Mo.	22c. DATE SIGNED 4/24/58
23a. BURIAL, CREMATION, (Specify) Burial	23b. DATE April 24, 1958	23c. NAME OF CEMETERY OR CREMATORY New Hope	23d. LOCATION (City, town, or county) (State) Ray County, Missouri
24. FUNERAL DIRECTOR Funeral Home Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 5-1-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson

(Licensed Embalmer's Statement on Reverse Side)

