

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40839**

Central Office of Vital Statistics
FILED JAN 8 1949

Registration District No. **224**

Primary Registration District No. **8046-5796**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **California, Mo Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Rt # 1 Box 31**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 Yrs**
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt # 1 Box 31**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Aberham Victor Bannister**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Bannister** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Dec 27 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **7** If less than one day hr. min.

9. Birthplace **Columbia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **James Bannister**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Un Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Bannister**

(b) Address **California, MO**

17. (a) **Burial** (b) Date thereof **12/7/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cent. California**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, MO**

19. (a) **12-7-48** (b) **H.R. Popejoy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **12-7** day **7**
year **48** hour **?** minute **?** M.

21. I hereby certify that I attended the deceased from **12-7-48** to **12-7-48**
that I last saw **him** alive on **12-7-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Arterial Hypertension**

Due to **Arterial Hypertension**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Manner of injury **None**
(M. D. or other)

23. Signature **H.R. Popejoy** Address **1120** Date signed **12-6-48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
District File Number
JAN 6 1949

District Health Officer No. 9
RECEIVED

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 James M. Foley
working under my personal supervision. Registered Apprentice No. 219

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, Mo

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 this body is not embalmed, fact should be so stated above.