300
48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7429

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 340

11
7

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 616 Harmon St.

3. NAME OF DECEASED (Type or Print)
a. (First) MILO
b. (Middle)
c. (Last) BANE

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 12, 1887
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman
10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.
11. BIRTHPLACE (State or foreign country) Harrison Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Levi Bane
13b. MOTHER'S MAIDEN NAME Martha ?
14. NAME OF HUSBAND OR WIFE Cora Bane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-01-6715
17. INFORMANT'S SIGNATURE OR NAME Cora Bane, 616 Harmon St., City — ADDRESS

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Left. Prolonged Conduction Defect. — INTERVAL BETWEEN ONSET AND DEATH: Feb 25-49

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — Oct 22 47
DUE TO (c) Gangreen Both Feet — Mar 15-49

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4144X

19a. DATE OF OPERATION 17 Mar 49
19b. MAJOR FINDINGS OF OPERATION Thrombosis Vessels. Both Legs.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Oct 1947, *to* 24 Mar, 1949, *that I last saw the deceased alive on* 24 March 1949, *and that death occurred at* 6:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Owen W. Craig (Degree or title) MD.
23b. ADDRESS 405 Tootle Bldg. St Joseph Mo.
23c. DATE SIGNED 25 Mar 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-26-1949
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Mar. 28, 1949
REGISTRAR'S SIGNATURE E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp, St. Joseph, Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1950

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 .....
Student Embalmer

Signed John E. Kupp

Licensed Embalmer No. 8986

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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