

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20586

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5997		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMONS</u>		c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>XXXXXX Pollock</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNA</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>BANNER</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>30</u>		(Year) <u>1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUGUST 20 1870</u>	
9. AGE (in years last birthday) <u>78</u>		10. MONTHS <u>10</u>		11. DAYS <u>10</u>		12. HOURS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES W SCOBEE</u>		13b. MOTHER'S MAIDEN NAME <u>LOVINA SIBO</u>		14. NAME OF HUSBAND OR WIFE <u>William Thomas BANNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolla R Banner</u>		ADDRESS <u>Lemons Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>49 2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2, 1949</u> to <u>June 30, 1949</u> , that I last saw the deceased alive on <u>June 1, 1949</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. McDonald</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Unionville Mo.</u>		23c. DATE SIGNED <u>7-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SCOBEE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-1-49</u>		REGISTRAR'S SIGNATURE <u>Marcell D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Stock FUNERAL HOME</u>		ADDRESS <u>Unionville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer

Exhibit File Number 7-49

JUL 6 1949

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.

Signed Richard P. Cassady

Signed.....
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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

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