

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30044

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Noevel</u>				2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Oregon</u>					
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>3 hrs</u>		c. CITY OR TOWN <u>Thomasville</u> <u>15</u>		d. STREET ADDRESS (If rural, give location) <u>20</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chester Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Neurietta Jane</u>			b. (Middle) <u>Banders</u>		c. (Last) <u>Banders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 21- 49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>1-11-1878</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR <u>7</u> Months <u>10</u> Days IF UNDER 4 HRS. <u>10</u> Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Osage Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Arnold Chasot Frank</u>			13b. MOTHER'S MAIDEN NAME <u>J.G. Banders</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Malton, Thomasville, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Malton, Thomasville, 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, asthenia, etc. *It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy with Hemiplegia (left)</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Arterial</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3.34X</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>8/21 9:45</u> to <u>8/21 9:45</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/21</u> , 19 <u>49</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robertson N. Ch. W.</u> (Degree or title)			23b. ADDRESS <u>West Plains, Mo.</u>			23c. DATE SIGNED <u>3/8/49</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify)		24b. DATE <u>8/24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomasville</u>		24d. LOCATION (City, town, or county) (State) <u>Thomasville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-6-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson, West Plains, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1 AUG 1949

RECEIVED 9/12/49
District Health Officer No. 5,
District File Number 949614
Date Filed 9/15/49

SEP 27 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.

Student
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 3432
P. O. Address Westham M

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.