

FILED NOV 30, 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36957**

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **1019**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Springfield</b> ) Rural (township) <b>N. Campbell Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield Rural-N. Campbell Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West &amp; Monroe Sts</b>		d. STREET ADDRESS (If rural, give location) <b>2520 W. Page</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sterling</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Banfield</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov: 21, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 18, 1883</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber &amp; Grover</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Christian Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lewis Banfield</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Giboney</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Banfield</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Spanish American Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucy Wardell</b>	ADDRESS <b>Springfield, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>probably coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>42m</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>UNATTENDED BY A PHYSICIAN</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

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 <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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Handley</b>	Local Registrar of Vital Statistics	23b. ADDRESS <b>City Hall Springfield Mo</b>	23c. DATE SIGNED <b>11/21/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/23/49</b>	24c. NAME OF CEMETERY OR CRIMATORY <b>Payne Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near, Nixa, Missouri</b>
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DATE REC'D BY LOCAL REG <b>11-22-49</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. Lohmeyer</b>	ADDRESS <b>Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 3 1949

DEC 13 1949  
JAN 5 1950

DEC 13 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 Robert McLaw

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Springfield, Me.

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.