

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4752  
Registrar's No. 502BIRTH NO. 7122-58 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>16 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>5607 SALES AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>BANNISTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-2-1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JAN-17-1950</u>		9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (If under 1 hr., Hours) (Min.) <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>AMOS EUGENE BANNISTER JR.</u>		13b. MOTHER'S MAIDEN NAME <u>LUELLA KATHLEEN MESARA</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>AMOS EDWARD BANNISTER, JR.</u>	
				ADDRESS <u>5607 SALES AVE. KANSAS CITY, MO.</u>	

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Defect Bladder &amp; Kidneys</u>		DUE TO (c) <u>10 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7573</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>	

22. I hereby certify that I attended the deceased from Birth, 1950, to Feb 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 9 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Damon Walthall M.D.</u>		23b. ADDRESS <u>233 Playatt Medical</u>		23c. DATE SIGNED <u>Feb 3 50</u>	
---	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	
				24d. LOCATION (City, town, or county) (State) <u>ALTON MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>2-3-50</u>		REGISTRAR'S SIGNATURE <u>L. H. Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomb</u>	
				ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

---

---

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

*D. D. Noflinger*

Licensed Embalmer No.

*3938*

P. O. Address

*Kansas City*

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.