

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36209

State File No.

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 45XX Registrar's No. 60

120
4

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

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIANGWA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD MO</u>	
c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1128</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NIANGWA NURSING HOME</u>			

3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>W</u> c. (Last) <u>BANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 21 1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>MAR 11 1879</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 18 HRS. Hours Min. <u>9 10</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KILADA OHIO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						

13a. FATHER'S NAME <u>GEORGE BANDER</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET CHYENGER</u>		14. NAME OF HUSBAND OR WIFE <u>DORA BANDER</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RALPH BANDER MARSHFIELD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Loban.</u>		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, asthma, 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>Pneumonia Febr.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>				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 Oct 10, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 2A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.F. Bennett MD</u> (Degree or title)		23b. ADDRESS <u>Niangua MO</u>		23c. DATE SIGNED <u>Oct 23 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	
24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD</u>			
DATE REC'D BY LOCAL REG. <u>10/24/51</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		382	

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

OCT 30 1957

Dist. File

Date Filed

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

Julian Goodwin

Licensed Embalmer No. 4562

P. O. Address

Springfield Mo

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.