

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3997

State File No. ....

No. 300  
10-48

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2618 Francis Street</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> <u>1117</u>	
f. STREET ADDRESS <b>2618 Francis Street</b>		g. STREET ADDRESS (If rural, give location) <b>2618 Francis Street</b> <u>6</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>		b. (Middle) <b>Henry</b>	
c. (Last) <b>Bansbach</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 22, 1952</b>	
5. SEX <b>Male</b> <input checked="" type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> <u>1</u>	8. DATE OF BIRTH <b>July 30, 1873</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Cashier</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b> <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Joseph Bansbach</b>	
14. MOTHER'S MAIDEN NAME <b>Louisa Flourke</b>		15. NAME OF HUSBAND OR WIFE <b>Arlie Bansbach</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. SOCIAL SECURITY NO. <b>497-12-1800</b>	
18. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arlie Bansbach</b>		19. ADDRESS <b>St. Joseph, Mo.</b>	
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) <b>Acute heart failure of hip.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Traumatic hematoma of hip</b> DUE TO (c) <b>Generalized arteriosclerosis.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>		<b>3 wks.</b>	
<b>10 plus yrs.</b>		<b>years</b>	
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph, Buchanan County, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 1, 1952</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Had a fainting spell, &amp; fell.</b>	
22. I hereby certify that I attended the deceased from <b>January 15, 1952</b> , to <b>February 22, 1952</b> , that I last saw the deceased alive on <b>Feb. 22, 1952</b> , and that death occurred at <b>9:05 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Gordon C. Sawyer, M.D.</b>		23b. ADDRESS <b>902 Edmond St., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>2/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> <input checked="" type="checkbox"/>	24b. DATE <b>Feb. 25, 1952.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>Feb 27, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. Henschler</b> <u>446</u>	
ADDRESS <b>St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

