

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31008

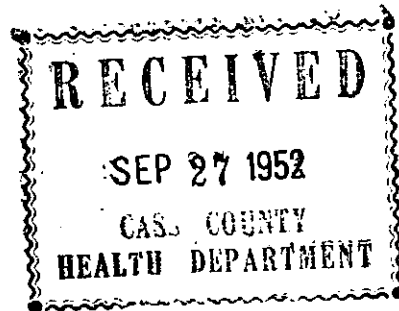
State File No.

FILED SEP 30 1952

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 26094		Registrar's No. 137	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Coldwater Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Coldwater Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Not in hospital, At home.				e. STREET ADDRESS 7 1/2 Miles N/E Drexel Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) PHENIA		b. (Middle) GILLIAM		c. (Last) BANE	
4. DATE OF DEATH		(Month) (Day) (Year)		Sep. 17, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 8, 1868	
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 10 Days 9		11. BIRTHPLACE (State or foreign country) Scott County Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME F. M. Gilliam,		13b. MOTHER'S MAIDEN NAME Elvira Bishop.		14. NAME OF HUSBAND OR WIFE Thos. R. Bane.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Bane Smith, Drexel Mo.			
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 Scirrhous Carcinoma - Right Breast. 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. Metastases - Right Lung.				INTERVAL BETWEEN ONSET AND DEATH About 3 yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov 11, 1949, to 9/17, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 4:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED			
Dora Darnall M.D.		Drexel, Missouri		9/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		9/19/52		Sharon Cemetery		Drexel, Mo.	
DATE REC'D BY LOCAL REG. 9/28/52.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
		Dora Darnall		Drexel, Mo.		Drexel, Mo.	

(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, ~~of~~ XXXXXX

~~XXXXXX~~ XXXXXX ~~XXXXXX~~ XXXXXX

working under ~~my personal supervision~~ XXXXXX

Student
Student Embalmer

Signed

A handwritten signature in dark ink, appearing to read "J.B. Hays".

J.B. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.