

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21251

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Stanberry</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Stanberry</u>			
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>West 3rd. and</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harmony Hill Rest Haven</u>				0380 0			
3. NAME OF DECEASED (Type or Print) <u>Mr. Fred</u>		a. (First)		b. (Middle)		c. (Last) <u>Banta</u>	
4. DATE OF DEATH <u>June 25</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar. 27 1881</u>		9. AGE (in years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rural Mail Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Charles E. Banta</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Metcalf</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl E. Banta</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl E. Banta Stanberry</u> ADDRESS <u>M</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accidents</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Arterial</u> DUE TO (c) <u>Unknown</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs, 4 mos</u>  <u>years</u>	
19a. DATE OF OPERATION		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)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-28</u> , 19 <u>53</u> , to <u>6-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>53</u> , and that death occurred at <u>4.20am</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Earl L. Barlin M.D.</u>		23b. ADDRESS <u>Stanberry, Mo.</u>		23c. DATE SIGNED <u>6-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rural Dale</u>		24d. LOCATION (City, town, or county) (State) <u>East Of Trenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 26-53</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Phillips</u> ADDRESS <u>Stanberry</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO

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

JUL 15 1938

**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

*Harry W. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stoughton*

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.