

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 5 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Esther</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Esther</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0940</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>John</b>	c. (Last) <b>Bannister</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 23, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec-10-1862</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 2 HRS. Hours <b>13</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lead</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Elvins, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William J. Bannister</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Bannister</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Bannister</b>	ADDRESS <b>Estner, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene legs &amp; feet</b>		<b>2 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis obliterans of the extremities (legs &amp; feet)</b>		<b>1 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4501</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 3, 1953**, to **Sept 23, 1953**, that I last saw the deceased alive on **Sept 23, 1953** and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Zupan</b> (Degree or title) <b>DO</b>	23b. ADDRESS <b>Flat River, Mo</b>	23c. DATE SIGNED <b>9/26/53</b> (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Sept 25-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Come</b>	24d. LOCATION (City, town, or county) <b>Flat River, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept 28, 1953</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sparks F. Home</b>	ADDRESS <b>Flat River, Mo</b>
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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

*Murphy Sparks*

Licensed Embalmer No. *4376*

P. O. Address

*Flat River, 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.