

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42682

State File No.

BIRTH NO. FILED DEC 30 1953 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5529 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wheatland Township</u>	c. LENGTH OF STAY (In this place) <u>57 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wheatland Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile N. of Wheatland</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile N. of Wheatland</u>	

3. NAME OF DECEASED (Type or Print) <u>EVA</u>	a. (First) <u>EVA</u>	b. (Middle) <u>LEONA</u>	c. (Last) <u>BANDEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec - 20 - 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June - 10 - 1873</u>	9. AGE (In years last birthday) Months Days <u>80 6 10</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Preston Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joseph T. Riddle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>William Lepold BANDEL</u>
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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) <u>No None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs MANNIE JINKENS - Wheatland, Mo</u>
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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, asphyxia, 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) <u>Stroke apoplexy Brain</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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 Nov 20, 1953, to Dec 20, 1953, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Briggs, MD</u>	(Degree or title)	23b. ADDRESS <u>Wheatland, Mo</u>	23c. DATE SIGNED <u>Dec 22, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec - 24 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowers Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	464	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Hathaway, Wheatland, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md.*

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.