

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4499

State File No.

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4197** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry		c. CITY (If outside corporate limits, write RURAL and give township) Stanberry, Mo.	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS 2380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Graves Rest Home		(If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mrs. Jennie O'	b. (Middle) Banion	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH April 2 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Gentry County Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME George Bell	13b. MOTHER'S MAIDEN NAME Mary Cooper	14. NAME OF HUSBAND OR WIFE Francis O'Banion
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vinell Washburn King City, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 yr 5 yr 5 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 443X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arteriosclerosis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 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?

22. I hereby certify that I attended the deceased from **1946**, 19___, to **Feb 19, 1954**, that I last saw the deceased alive on **Feb 19, 1954**, and that death occurred at **2:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Mullegham M.D.	23b. ADDRESS Stanberry, Mo	23c. DATE SIGNED 2-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 23 2/21/54	24c. NAME OF CEMETERY OR CREMATORY High Ridge	24d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.
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DATE REC'D BY LOCAL REG. Feb 23-54	REGISTRAR'S SIGNATURE Maudie Williams	25. FUNERAL DIRECTOR'S SIGNATURE John H. Phillips	ADDRESS Stanberry
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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

Henry H. Sullivan

Licensed Embalmer No. *1898*

P. O. Address

Stoughton, Mass.

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.