

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5565**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1010 N. College ST</b>		e. STREET ADDRESS (If rural, give location) <b>1010 N. College ST</b>	

3. NAME OF DECEASED (Type or Print) <b>John</b>	a. (First)	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>BANE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 24 1954</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>WIDOWED 2</b>	8. DATE OF BIRTH <b>JUNE - 13 - 1871</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>82 8 11</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HARRISONVILLE MO 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>PARKER BANE</b>	13b. MOTHER'S MAIDEN NAME <b>BETSY PRETTYMAN</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</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. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NO</b>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Perniciou Anemia</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 <b>2900</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) m.	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 **8-19, 1953** to **2-24, 1954**, that I last saw the deceased alive on **2-24, 1954**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. H. C. Davis M.D.</b>	(Degree or title)	23b. ADDRESS <b>Neosho, Mo</b>	23c. DATE SIGNED <b>2/25/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>T. O. O. F. Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho, Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-26-54</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	223-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK BIGHAM</b>	ADDRESS <b>Neosho, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 354-36

Date Filed MAR 4 1954

**NEOSHO, MISSOURI**

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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 emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jesse O'Sullivan, Jr.  
Licensed Embalmer No. 46

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.