

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31133**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **4277** Registrar's No. **1597**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VERONA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VERONA, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY OF VERONA		d. STREET ADDRESS (If rural, give location) CITY	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) ELLEN	
c. (Last) Bandy		4. DATE OF DEATH (Month) (Day) (Year) SEPT 29 - 1954	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 4 - 1871
9. AGE (In years last birthday) 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (State or foreign country) LAWRENCE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Benbrook	13b. MOTHER'S MAIDEN NAME Susan Wendy	14. NAME OF HUSBAND OR WIFE John Bandy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Bandy ADDRESS VERONA, MO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal - Hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia - DUE TO (c) Cerebral Thrombosis - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in past year.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION fracture - left tibia & fibula - 9-27-54	
19c. INTERVAL BETWEEN ONSET AND DEATH 3 days.		19d. AUTOPSY? 332XF YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-54 7:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell - out - of - bed.	
22. I hereby certify that I attended the deceased from 1946 to Sept 29, 1954 , that I last saw the deceased alive on Sept 27, 1954 and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. P. Coates M.D.		23b. ADDRESS Lawrence, Mo.	23c. DATE SIGNED 9-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/1/54	24c. NAME OF CEMETERY OR CREMATORY Liberty	24d. LOCATION (City, town, or county) (State) Monett R-2 MO.
DATE REC'D BY LOCAL REG. 10-7-1954	REGISTRAR'S SIGNATURE Ora Mc Natt 157	25. FUNERAL DIRECTOR'S SIGNATURE Wesley L. Marsh ADDRESS Lawrence, Mo.	

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

2550

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.....

Myself

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Osman L. Marsh

Licensed Embalmer No. *3812*

P. O. Address.....

Bureau 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.