

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

4997
State File No. 575

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City			c. LENGTH OF STAY (in this place) 8 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5626 Oak				STREET ADDRESS (If rural, give location) 130 5626 Oak					
3. NAME OF DECEASED (Type or Print) INSZ		a. (First)		b. (Middle)		c. (Last) O'BANNON		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1955	
5. SEX Fe.	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 18, 1870		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ohio 1			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Vinton Cherry			13b. MOTHER'S MAIDEN NAME Elizabeth Terry			14. NAME OF HUSBAND OR WIFE Floyd O'Bannon			
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 ADDRESS Mrs. John M. Darling, 5626 Oak, K. C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Cerebral vacuolar bleeding						INTERVAL BETWEEN ONSET AND DEATH 1 week		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterio-sclerosis				7 yrs.		
			DUE TO (c) a normal age.						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						3317		
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) m.		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 <u>May</u> , 19 <u>47</u> , to <u>Feb. 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 7</u> , 19 <u>55</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE R. Paul Wright (Degree or title) M.D.				23b. ADDRESS Kansas City, Mo. 1324 Prof. Bldg		23c. DATE SIGNED Feb. 8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-9-55		24c. NAME OF CEMETERY OR CREMATORY Buffalo, Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 2-8-55		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.		

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

Handwritten notes at top of page, possibly identifying the body or location.

VI 1368

Handwritten notes below the first set of notes.

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.....
Signature of Student Embalmer

Signed..... *J. T. Crowell*

Licensed Embalmer No.. *490*

P. O. Address..... *J. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.