

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13026**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **114**

1. PLACE OF DEATH  
a. COUNTY **St. Francois**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Bonne Terre**  
c. LENGTH OF STAY (in this place) **5 days**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Bonne Terre Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **St. Francois**  
c. CITY OR TOWN **Knob Lick Rural Route**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **0990**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Parkhurst** b. (Middle) **B** c. (Last) **O'Bannon**  
4. DATE OF DEATH (Month) (Day) (Year) **April 16 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 8, 1892** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months **11** Days **8** IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (City and State or Foreign Country) **St. Francois County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **John F. O'Bannon** 13b. MOTHER'S MAIDEN NAME **Martha W. Sloss** 14. NAME OF HUSBAND OR WIFE **Clara L. 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. **Unk.** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Clara L. O'Bannon Knob Lick, Missouri.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of prostate with generalized metastases**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
DUE TO (c)   
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)  
INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES  NO

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) **Knob Lick St. Francois Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)  21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-12, 1953**, to **4-16, 1955**, that I last saw the deceased alive on **4-16, 1955**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry J. Walburn M.D. Farmington Mo** 23b. ADDRESS  23c. DATE SIGNED **4-20-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/18/55** 24c. NAME OF CEMETERY OR CREMATORY **O'Bannon Cemetery** 24d. LOCATION (City, town, or county) (State) **ST. Francois Missouri**

DATE REC'D BY LOCAL REG. **Apr 20, 1955** REGISTRAR'S SIGNATURE **Esther Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Miller Funeral Home Farmington, Missouri.**

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

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

Signed *Paul Dugal* \_\_\_\_\_

Licensed Embalmer No. 42 \_\_\_\_\_

P. O. Address Farmington \_\_\_\_\_

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.