

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32604**BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **318**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 9 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Charles E. Still Osteopathic			
f. STREET ADDRESS 907 Morocco Drive		(If rural, give location) So 26 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) Elizabeth c. (Last) Banta			4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, ⁹ WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 1 1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Ga.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles Harrison		13b. MOTHER'S MAIDEN NAME Lou Stinson		14. NAME OF HUSBAND OR WIFE Jeff Banta	
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. 497-18-4887		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flay White Atlanta, Ga.	

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			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		ANTECEDENT CAUSES			5 Hrs	
DUE TO (b) Cerebral Hemorrhage		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			6 MO.	
DUE TO (c) Hypertensive Heart Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov 1**, 19**55**, to **Nov 6**, 19**55**, that I last saw the deceased alive on **Nov 6**, 19**55** and that death occurred at **7:28 P.M.**, from the causes and on the date stated above.

23. SIGNATURE Ernest E. Roberts (Degree or title)		23b. ADDRESS Jeff. City Mo		23c. DATE SIGNED Nov 6-55	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11/7/55		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) La Platte, Moberly, Mo.		DATE REC'D BY LOCAL REG. 7 Nov 1955		REGISTRAR'S SIGNATURE R.P. Davis MD MR	
25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

NOV 14 1955

DEC 20 1955

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.....
Sylvester Aulle

Licensed Embalmer No. 43

P. O. Address Jefferson

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.