

FILED JAN 25 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 604

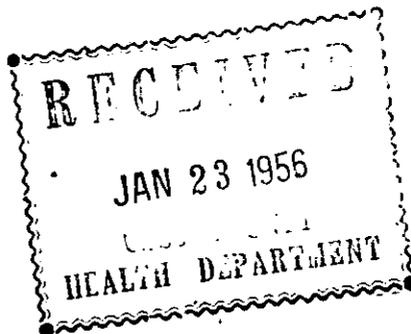
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Cass			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 OR TOWN Rural Austin Twp		c. LENGTH OF STAY (in this place) →	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles E. of Archie, Mo.			d. STREET ADDRESS (If rural, give location) 1426 Jarboe		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Richard		c. (Last) O'Bannon	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1, 1924	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 9
IF UNDER 1 YEAR Days 13	IF UNDER 1 WEEK Hours 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Creighton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William Arthur O'Bannon		
13b. MOTHER'S MAIDEN NAME Nellie Cornett			14. NAME OF HUSBAND OR WIFE Arleta 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. Destroyed	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. R. O'Bannon 1426 Jarboe 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) TRAUMATIC SHOCK		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) COMPLETE OF BURNING OF BODY		
DUE TO (c) AUTO ACCIDENT			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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Austin Twp. CASS MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 14 56 9:15 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Seymour Jander (Cmwr)</i>			23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 1/15/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 17, 1956	24c. NAME OF CEMETERY OR CREMATORY Grant Cem	24d. LOCATION (City, town, or county) (State) Creighton Mo		
DATE REC'D BY LOCAL REG. Jan 17, 1956	REGISTRAR'S SIGNATURE <i>Dora Barward</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rebeccan Bros. Home</i>	ADDRESS <i>Home</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1956



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 .....  
Student Embalmer

Signed.....

*Robert W. Atkinson*

Licensed Embalmer No. ....

4902

P. O. Address.....

*Warrenton, Ore.*

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.