

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4227

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 20

0300
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 Mo.</u>	c. CITY OR TOWN <u>Preston</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshall Rest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Main Street</u>		0.430 1	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frede</u>	b. (Middle) <u>G</u>	c. (Last) <u>Bandel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20-1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 15-1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR <u>1</u> Months <u>3</u> Days	IF UNDER 24 HRS. <u>5</u> Hours <u></u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Preston, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leopold Bandel</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Dennis</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Bandel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Bandel - Louisville, Mo</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 Mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) <u>Undetermined</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis, Chronic Heart dis</u>		Years <u>Years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 1, 1955 to Feb 20, 1956 that I last saw the deceased alive on Feb 19 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Plummer M.D.</u>	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>2-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 23 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-10-56</u>	REGISTRAR'S SIGNATURE <u>Ernest Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Blumhauer</u>	ADDRESS <u>Whitland Mo</u>
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MAR 13 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.....
Signature of Student Embalmer

Signed *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland*

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.