

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8699**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **200** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Springfield	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 D.O.A. St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 720 E. Belmont 02960	

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) V. c. (Last) BANTA			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 April 1911	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drugstore Manager		10b. KIND OF BUSINESS OR INDUSTRY Drugstore	11. BIRTHPLACE (City and State or Foreign Country) Greene County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles A. Banta	13b. MOTHER'S MAIDEN NAME Alta M. Bass	14. NAME OF HUSBAND OR WIFE Marjorie Banta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marjorie Banta (Wife) Springfield, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Ht Dis since 1943 (First attack in 1943) DUE TO (c) _____		
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)	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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1943**, 19**56**, to **3/14**, 19**56**, that I last saw the deceased alive **3/14**, 19**56**, and that death occurred at **2:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. Callaway M.D.	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 3/15/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/56	24c. NAME OF CEMETERY OR CREMATORY Maple Park
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		

DATE REC'D BY LOCAL REG. 3-15-56	REGISTRAR'S SIGNATURE Carl Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Klingner & Co. Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1958

SEP 26 1958
MAY 11 1958

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 *Max Rade*.....

Licensed Embalmer No. 40.....

R. O. Address *Springer*.....

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.