

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **24790**

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>					
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>Farmington, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Farmington, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mineral Area Osteo. Hosp</b>			Length of stay in lb		d. STREET ADDRESS <b>314 Boyce</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Quince McDowell Banister</b>				4. DATE OF DEATH <b>August 4, 1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-1-1865</b>		9. AGE (In years last birthday) <b>90</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Doe Run School</b>		11. BIRTHPLACE (City and state or country) <b>Elvins, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Hezekiah Banister</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Smart</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Clarence Banister, Doe Run, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute necrosis of liver</b> DUE TO (b) <b>Early yellow atrophy of liver</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>arteriosclerosis vasculi cerebri</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>10 day</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>July 26, 1956</b> to <b>Aug 4, 1956</b> and last saw her/him alive on <b>Aug 4, 1956</b> . Death occurred at <b>3:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or title) <b>L. M. Stanfield</b>				22b. ADDRESS <b>Farmington, Mo.</b>		22c. DATE SIGNED <b>8/6/56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 6, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Doe Run Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Doe Run, Mo.</b>			
24. FUNERAL DIRECTOR <b>McGowan</b>			ADDRESS <b>Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 6, 1956</b>		26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		

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.....  
*C. H. Cozear*

Licensed Embalmer No. 46

P. O. Address *Jan.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.