

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9589

FILED APR 8 - 1957

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>188</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1011 So. HARRISON</u>				e. STREET ADDRESS (If appl, give location) <u>1011 So. HARRISON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>BANNER</u> c. (Last) <u>BANNER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 31 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept 3 1871</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BANNER, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD Bahner</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE Brauhl</u>		14. NAME OF HUSBAND OR WIFE <u>Rosalie Bahner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Bahner</u>		ADDRESS <u>Sedalia, MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Arterio-sclerotic heart disease, chronic Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Buerger disease both legs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>X</u>		20. AUTOPSY? <u>2</u> YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MU</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22. I hereby certify that I attended the deceased from alive on <u>3/30</u> , 19 <u>57</u> , and that death occurred at <u>11:22</u> m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>W. A. Beasly M.D.</u>			
23b. ADDRESS <u>Sedalia, MO</u>		23c. DATE SIGNED <u>4/1/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 Apr. 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Laughlin Bros</u>		ADDRESS <u>Sedalia, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-1-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		(Licensed Embalmer's Statement on Reverse Side)			

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

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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 *Regan L. Fuller*.....

Licensed Embalmer No. *4818*

P. O. Address *Seelucia, Ma*

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.