

Health,
Welfare
Public
Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31686
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4220

300
-57 3

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 58 CITY OR TOWN Kansas City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Jail | | Length of stay in lb 25 yrs. | 2 STREET ADDRESS 1209 Euclid (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Albert Middle A. Last Bannister | | | 4. DATE OF DEATH Month Sept. Day 7, Year 1957 | | |
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| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 15, 1914 | 9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. | IF UNDER 24 HRS. Hours 0 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police | 10b. KIND OF BUSINESS OR INDUSTRY Auto Auction Co. | 11. BIRTHPLACE (City and state or country) Rocheport, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Albert Bannister | 13b. MOTHER'S MAIDEN NAME Millie Pipe | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 500 10 8604 | 17. INFORMANT Albert Bannister, Kansas City, Missouri Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia | | INTERVAL BETWEEN ONSET AND DEATH 5 1/2 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Gangrene of Small Intestine. | |
| | DUE TO (c) Acute Intestinal Obstruction (a.m.c.) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 _____ |
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| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Deputy Coroner | 22b. ADDRESS 1618 Lydia Ave. | 22c. DATE SIGNED 9/9/57 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept. 17, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary | 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| 24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C. Mo. | 25. DATE RECD. BY LOCAL REG. 9-10-57 | 26. REGISTRAR'S SIGNATURE Neve Minshall |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
L. M. Tillman

STATEMENT BY LICENSED EMBALMER

201-5181



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 Consuelo Gladys Bales

Licensed Embalmer No. 4944

P. O. Address K.C. Mo

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.