

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34776**

FILED OCT 31 1957

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREEMAN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSPITAL		d. STREET ADDRESS (If rural, give location) FREEMAN	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) FRAN c. (Last) BANE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1888		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Drexel, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Robert Bane		13b. MOTHER'S MAIDEN NAME Phenia Gilliam		14. NAME OF HUSBAND OR WIFE Mary Ann Bane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry Bane Freeman, Missouri	

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 DIRECTLY LEADING TO DEATH* (a) <u>Generalized Broncho-</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>pneumonia</u>		5 days	
		DUE TO (c) <u>uremia</u>		5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>Ch. Interstitial Nephritis 6 mos.</u>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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) 592X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 23, 1957 to Oct 24, 1957, that I last saw the deceased alive on Oct 24, 1957 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carter W. Luster M.D.</u>		(Degree or title)		23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>10/28/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Oct 28 57</u>		REGISTRAR'S SIGNATURE <u>Randall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Dickey Hanson, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

8021

17-0

JAN 15 1958
MAY 20 1958
DEC 31 1957

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
Student Embalmer

Signed Robert Arkin

Licensed Embalmer No. 4902

P. O. Address Hammond, La.

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 this body is not embalmed, fact should be so stated above.