

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033118
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 403

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 Independence		c. CITY OR TOWN Independence 70050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Indep. Hosp. INSTITUTION		d. STREET ADDRESS 1307 W. 29th Terr. (If outside, give location)	
Length of stay in lb Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MR. HARRY ORIN BANNING			4. DATE OF DEATH Month Sept. Day 23, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 18, 1908	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Assessor	10b. KIND OF BUSINESS OR INDUSTRY County	11. BIRTHPLACE (City and state or country) Merriam, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Milton J Banning	13b. MOTHER'S MAIDEN NAME Lottie Wittenbrink	14. NAME OF HUSBAND OR WIFE Mrs. Pauline Banning
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 490-09-2294	17. INFORMANT Mrs. Pauline Banning Address 1307 W. 29th Terr., Indep., Mo.
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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) acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) coronary thrombosis & myocardial infarction		3 weeks
	DUE TO (c) Extensive fibrosis of septum & left ventricle		2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 <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 9-5-58 , to 9-23-58 and last saw him alive on 9-23-58 Death occurred at 3:35 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Vance E. Grabske & Link	22b. ADDRESS 10901 Winner, Independence, Mo.	22c. DATE SIGNED 9-23-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Indep., Mo.
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24. FUNERAL DIRECTOR Ott & Mitchell, Indep., Mo.	25. DATE RECD. BY LOCAL REG. 9-25-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Occur, coroner, etc.-most use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAP 2-6-1959

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 *[Handwritten Signature]*

Licensed Embalmer No. *3156*
P. O. Address *[Handwritten Address]*

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.