

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033440
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 218

300

1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 912 Walnut		d. STREET ADDRESS (If outside, give location) 912 Walnut	
3. NAME OF DECEASED (Type or print) First MARY Middle SUSAN Last BANE		4. DATE OF DEATH Month Day Year Sept 13, 1958	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 16 Oct 1860
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Livingston County, Mo.
13a. FATHER'S NAME Henry Hutchison		13b. MOTHER'S MAIDEN NAME Sarah Ann Nave	14. NAME OF HUSBAND OR WIFE Franklin Pierson 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. None	17. INFORMANT Address Orville Bane; Elmer, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Organic Heart Disease DUE TO (b) Spindly Arteriosclerosis DUE TO (c) 4500			INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
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 type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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.) Chillicothe Livingston Mo.	
21. I attended the deceased from 9/11/58 to 9/13/58 and last saw her alive on 9/12/58 Death occurred at eight a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) Dr. Dr. Russell M. R.		22c. DATE SIGNED 9/14/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-15-58	
23c. NAME OF CEMETERY OR CREMATORY Bell Cemetery		23d. LOCATION (City, town, or county) Elmer, Missouri	
24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home; Chillicothe		25. DATE RECD. BY LOCAL REG. 9-16-58	
26. REGISTRAR'S SIGNATURE Francis B. Nesbitt			

NOV 4 1961

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 *Elton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Phillip, 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.