

with, officers, public service, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008622

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Adair</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Climax Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Climax Springs</u>				Length of stay in lb <u>70yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Climax Springs R.R.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>P.</u> Last <u>Bantv</u>				4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 25-1886</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (City and state or country) <u>Versailles Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Phinis Bantv</u>				14. MOTHER'S MAIDEN NAME <u>Martha Bisher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Earl Bantv, Castro Valley, Calif.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>							
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.) <u>4201</u>			
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Camden</u>		COUNTY <u></u> STATE <u></u>	
21. I, <u>Jack Stotler</u> , Sheriff A.C. <u>3</u> , viewed the body on <u>April 3rd</u> and last saw her alive on <u></u> . Death occurred at <u>4:00-5:00 Apr. 2nd</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Jack Stotler</u> Sheriff A.C. <u>3</u>				22b. ADDRESS <u>Camden, Missouri</u>		22c. DATE SIGNED <u>4-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 6-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Climax Springs Mo</u>	
24. FUNERAL DIRECTOR <u>Reed Funeral Home, Camden Mo</u>				25. DATE RECD. BY LOCAL REG. <u>4/7/1959</u>		26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Robert H Reed*.....

Licensed Embalmer No.....*37*.....

P. O. Address.....*Camden*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.