

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013832
State File No. 69

FILED MAY 13 1959

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim		c. CITY OR TOWN Festus	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jefferson Memorial Hospital		e. STREET ADDRESS (If rural, give location) 803 Jefferson	
3. NAME OF DECEASED a. (First) Anna b. (Middle) Bannister c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 13, 1881
9. AGE (In years last birthday) 77		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Silver Lake, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alexander French	
13b. MOTHER'S MAIDEN NAME Jane Shaw		14. NAME OF HUSBAND OR WIFE Charles M. Bannister	
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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LaVerne White, Pevely, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Myocardial damage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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)	
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 4-25, 1959, to 4-29, 1959, that I last saw the deceased alive on 29/59, 1959, and that death occurred at 6:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Harry Gossett M.D.		23b. ADDRESS Festus Mo	23c. DATE SIGNED 5/1/59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 2, 1959	24c. NAME OF CEMETERY OR CREMATORY RoseLain Memorial Gardens	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.
DATE REC'D BY LOCAL REG 5-5-59	REGISTRAR'S SIGNATURE Gene W. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vihvard Funeral Home, Inc., Festus, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECORDED
MAY 12 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 *Donald H. Hayward*

Licensed Embalmer No. *4460*

P. O. Address *Fectus*

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.