

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010382

FILED VS APR 11 1960

88

Registration District No. Primary Registration District No. 4151

Registrar's No. 14

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>OR TOWN STEELVILLE</b>		Length of stay in 1b <b>30 MINUTES</b>		c. CITY OR TOWN <b>BERRYMAN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DR. BAUMANN'S OFFICE</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>GLEN</b> Middle <b>-</b> Last <b>BANTA</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>28</b> Year <b>1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-6-1906</b>		9. AGE (last birthday) <b>53</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POST-MASTER - GENERAL STORE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BERRYMAN, MO.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <b>CYRUS NEWTON BANTA</b>			13b. MOTHER'S MAIDEN NAME <b>SUSAN LARNED</b>			14. NAME OF HUSBAND OR WIFE <b>BEULAH LEE BANTA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>YES W.W.II</b>			16. SOCIAL SECURITY NO. <b>487-38-1945</b>		17. INFORMANT Address <b>BEULAH BANTA, BERRYMAN, MO.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
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 _____ a.m. _____ p.m.		Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>11-12-56</b> to <b>3-28-60</b> and last saw him live on <b>3-28-60</b> Death occurred at <b>7:20</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Carl A. Brown, M.D.</b>				22b. ADDRESS <b>Steelville Mo</b>		22c. DATE SIGNED <b>4-5-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-31-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>COURTOIS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>BERRYMAN, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>Thomas S. Hubert - STEELVILLE, MO.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>5/6/60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1960

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4337

P. O. Address Steeleville, Va.

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.