

FILED VS SEP 27 1960 120

Registration District No. Primary Registration District No. 4197 Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry		Length of stay in lb 6 Weeks		c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harmony Hill Rest Haven				d. STREET ADDRESS 902 N. Walnut St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PEARL Middle E. Last BANTA				4. DATE OF DEATH Month Sept. Day 15 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (City and state or country) Grundy Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joshua Cox		13b. MOTHER'S MAIDEN NAME MARIA LUKE		14. NAME OF HUSBAND OR WIFE Fred Banta (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Maurice G. Banta, Stanberry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular disease DUE TO (b) arteriosclerosis and hypertension DUE TO (c) unknown							INTERVAL BETWEEN ONSET AND DEATH months years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemiplegia							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 5-21-57 to 9-15-60 and last saw her alive on 9-15-60 Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clarence L. Carlin MD				22b. ADDRESS Stanberry, Mo		22c. DATE SIGNED 9-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 18, 1960		23c. NAME OF CEMETERY OR CREMATORY Rural Dale Cemetery		23d. LOCATION (City, town, or county) (State) Trenton, Mo.	
24. FUNERAL DIRECTOR JOHNSON FUNERAL HOMES, Stanberry, Mo.				25. DATE RECD. BY LOCAL REG. 9-19-60		26. REGISTRAR'S SIGNATURE Mo. L. W. Bare	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Loss E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.