

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012324

STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

FILED VS MAR 14 1961

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|--|------------------------------|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | Length of stay in 1 yr. 5 yrs. | c. CITY OR TOWN Butler | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Hosp. # 3 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R. F. D. | |
| 3. NAME OF DECEASED (Type or print) First Edna Middle Bannan Last Bannan | | | 4. DATE OF DEATH Month March Day 7 Year 1961 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-24-88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 72 | |
| 11. BIRTHPLACE (City and state or country) Corder, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Fred Liese | | 13b. MOTHER'S MAIDEN NAME Louise Wieman | 14. NAME OF HUSBAND OR WIFE Thomas Bannan | |
| 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. Unknown | 17. INFORMANT Records of Address State Hospital # 3, Nevada, 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) Broncho Pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH Weeks | |
| DUE TO (b) Coronary Vessel Disease | | | Years | |
| DUE TO (c) | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) with Dist. of Metabolism, Chronic Brain Syndrome Assoc. Growth or Nutrition with Senile Brain Disease with Psychotic Reaction. | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 8:40 a.m. Month, Day, Year 3-7-61 | | 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 St. Hosp. # 3, Nevada, Mo. | | COUNTY Butler STATE Missouri |
| 21. I attended the deceased from 3-29-55 to 3-7-61 and last saw her/him alive on 3-7-61 Death occurred at 8:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE <i>E. Allen Pickens, M.D.</i> | | 22b. ADDRESS St. Hosp. # 3, Nevada, Mo. | | 22c. DATE SIGNED 3-7-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3/9/61 | 23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | |
| 23d. LOCATION (City, town, or county) Butler Missouri | | 23e. DATE RECD. BY LOCAL REG. 3-8-1961 | | |
| 24. FUNERAL DIRECTOR Culver Underwood-Butler Missouri | | 26. REGISTRAR'S SIGNATURE <i>(Signature) & Jerry</i> | | |

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Pa.

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.