

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 2653

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUN 8 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 37 YEARS		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4908 WOODLAND AVENUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4908 WOODLAND AVENUE	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First DAISY Middle MAE Last BANISTER		Month MAY Day 15 Year 1962		6. COLOR OR RACE WHITE	
5. SEX FEMALE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/23/76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ---		9. AGE (last birthday) 85	
13a. FATHER'S NAME Harrison Himmel		13b. MOTHER'S MAIDEN NAME Sue Matthews		11. BIRTHPLACE (City and state or country) LANCASTER CO., NEB.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Mrs. W. E. Yancy		12. CITIZEN OF WHAT COUNTRY U. S. A.	
18. CAUSE OF DEATH (Enter only one cause per line)		14. NAME OF HUSBAND OR WIFE Jesse P. Banister		13. CITIZEN OF WHAT COUNTRY U. S. A.	
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Coronary Artery's Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 years	
Conditions, if any, which gave rise to above cause (a), 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).		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.		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 <u>12-25-61</u> to <u>present</u> and last saw <u>her</u> him alive on <u>Feb 22, 1962</u>		22a. SIGNATURE (Degree or title) Martin J. Mueller M.D.		22b. ADDRESS 535 Angelo Bldg K C MO	
22c. NAME OF CEMETERY OR CREMATOR Cowgill Cemetery		22d. LOCATION (City, town, or county) Cowgill, Missouri		22e. DATE SIGNED 5-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 17, 1962		24. FUNERAL DIRECTOR D. W. Newcomer's Song # 1331 MO	
24. FUNERAL DIRECTOR D. W. Newcomer's Song # 1331 MO		25. DATE RECD. BY LOCAL REG. 5-16-62		26. REGISTRAR'S SIGNATURE Ruth N Long	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Martin Mueller
555 Ruppel Bldg.
11:30 - 11:30

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Md

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.