

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12170
115

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5507		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Clinton Davis Twp</u>		c. LENGTH OF STAY (in this place) <u>10 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Davis Twp</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #4 Clinton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Twp</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #4 Clinton Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>A</u> c. (Last) <u>BANNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1949</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAR 16 1889</u>		9. AGE (In years) (If under 1 year last birthday) Months Days <u>60 1 13</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steep Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SHERMAN BANNING</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE McNEFLEY</u>		14. NAME OF HUSBAND OR WIFE <u>FLOSSIE BANNING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Flossie Banning Clinton</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>thrombus</u> DUE TO (c) <u>arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>30 min.</u> <u>3-4 yrs.</u> <u>4.500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <u>Feb. 28</u> , 1949, to <u>22 Apr</u> , 1949, that I last saw the deceased live on <u>Apr. 22</u> , 1949, and that death occurred at <u>10:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>May 2, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-5-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FURNERAL DIRECTOR'S SIGNATURE <u>J. E. Cousleer</u>		ADDRESS <u>Clinton Mo</u>	

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

42
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RECEIVED

District Health Officer No. 7

District File Number 4-49-0

Date Filed 5-9-47

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

Eugene R. Conzalus

Student Embalmer No. 281

working under my personal supervision.

Signed *Eugene R. Conzalus*
Student Embalmer

Signed

J. E. Conzalus

Licensed Embalmer No. 1891

P. O. Address *Clinton, Mo*

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 this body is not embalmed, fact should be so stated above.