

FILED JUL 29 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)STATE FILE NUMBER
124 69 0029428

CERTIFICATE OF DEATH

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 1053

DO NOT WRITE
ON THIS STUB

9. 0
10a. 66
10b.
11. 0
12. 2
13. 4409
14. 4
15. 9
16.
17.
18. 0
19. CREDITS
20. 4-0

VS 300
Rev. 1/68

40621

86

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 4000

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1 Samuel Marvin O'Bannon		2 male		3 July 23, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4 white		5b. 66		6 Dec. 13, 1902	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Fredericktown		7c. Yes		7d. Ozark Home for Aged	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. USA		11. none	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12		13a. core maker		13b. retired	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. Missouri		14b. St. Louis		14c. Lemay	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		STREET AND NUMBER	
15 Thomas O'Bannon		16 Louise Clauser		14d. 1534 Telegraph rd, 63125	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Shirley Mangold		17b. 3343 Ringfield dr, 63125			
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) pneumonia		20 hours (approx)	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Generalized arteriosclerosis			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		19a. YES OR NO	
20a.		20b.		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20c.		20d.		20e.	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON	
I ATTENDED THE DECEASED FROM		June 12 '69		July 22 '69	
21a.		21b.		21c.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a. D.A. Michaelis, M.D.		11:20 a.m.		22b. July 23 1969	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. B.A. Michaelis, M.D.		23b. [Signature]		23c.	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE	
23d. 1776 135 South Mine La Motte		Fredericktown		Missouri 63645	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	
24a. removal		24b. Mt. Hope Cemetery		24c. Lemay, Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. July 26, 1969		25a. Fendler Undertaking Co., 7420 Michigan 63111			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. [Signature]		26a. [Signature]		26b. 7-25-69	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

AUG 7 1969

JUL 31 1969

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 B Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.