

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16673**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker			
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 West St.				d. STREET ADDRESS (If rural, give location) 609 West St.			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Fredrick		c. (Last) Bantrup	
4. DATE OF DEATH May 3 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 28, 1873		9. AGE (In years last birthday) 75		10. BIRTHPLACE (State or foreign country) Missouri		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		12b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Fredrick Bantrup		13b. MOTHER'S MAIDEN NAME Sarah Ann Wilson	
13c. NAME OF HUSBAND OR WIFE Elizabeth Bantrup		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. None		16. INFORMANT'S SIGNATURE OR NAME Mrs. Lela Wilhelm	
16. ADDRESS California		17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pertussis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH 1 day 4201	
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) California Moniteau Mo	
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 Dec 15, 1948 to May 4, 1949 , that I last saw the deceased alive on May 2, 1949 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE H. R. Popejoy		(Degree or title) _____		23b. ADDRESS California		23c. DATE SIGNED 5-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/6/1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. 5-6-49		REGISTRAR'S SIGNATURE H. R. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE Earl R. Baulin		ADDRESS California	

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 20 1949

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
Student Embalmer

Signed Earl R. Bonelin

Licensed Embalmer No. 2126

P. O. Address California, D.C.

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.