

FILED MAR 19, 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7318

BIRTH NO. 49-015934 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Sugar Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Seligman (Sugar Creek Hosp)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) R.R. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Donnie Lee b. (Middle) Banks c. (Last) Banks		4. DATE OF DEATH (Month) (Day) (Year) 2- 25- 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb-1-1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months 0 IF UNDER 12 HRS. Days 0 Min.
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jay Banks		13b. MOTHER'S MAIDEN NAME Marjorie Putnam	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME Jay Banks ADDRESS Washburn, Mo.,	
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) Correlation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7720	
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) m.		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 Feb. 1, 1949 , to Feb. 25, 1949 , that I last saw the deceased alive on Feb 25, 1949 , and that death occurred at 7 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Chas. R. Brown, M.D.		23b. ADDRESS Seligman Mo.	
23c. DATE SIGNED 2-1-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-27-1949		24c. NAME OF CEMETERY OR CREMATORY Dent Cemetery	
24d. LOCATION (City, town, or county) (State) Barry County MO.		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver ADDRESS Cassville	
DATE REC'D BY LOCAL REG Mar 11-1949		REGISTRAR'S SIGNATURE Grace Williams	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 349-311

Date Filed 3-17-49

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

Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Cassville 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.