

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16486

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4785		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTICELLO			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) AGNES		b. (Middle) MAY		c. (Last) BANKS		4. DATE OF DEATH (Month) (Day) (Year) MAY 6 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 28, 1869	
9. AGE (In years last birthday) 79		10. AGE (In years last birthday) 11		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME NELSON DANCE		13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNSON		14. NAME OF HUSBAND OR WIFE CLARENCE BANKS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.E. Banks Monticello 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dementia ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyper tension DUE TO (c) Possibly slight hemorrhage with all over herpes zoster of neck and side of head II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 444X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 March 14, 1948, to May 6, 1948, that I last saw the deceased alive on May 6, 1948, and that death occurred at 9 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. S. Coates D.O. (Degree or title)				23b. ADDRESS 604 Miller Mo.		23c. DATE SIGNED May 8, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/49		24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN MO		24d. LOCATION (City, town, or county) (State) LEWISTOWN MO	
DATE REC'D BY LOCAL REG. 5/10/49		REGISTRAR'S SIGNATURE J. W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James A. Coates Lewistown Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 5-49-8

Date Filed MAY 16 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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Baker

Licensed Embalmer No. 2532

P. O. Address Lawtown 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.