

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34698

State File No. 4421

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4964 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		83	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4 Box 100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arvery</u> b. (Middle) <u>Liston</u> c. (Last) <u>Banks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 19, 1949</u>		
---------------------------------------------------------------------------------------------------------------------	--	--	------------------------------------------------------------------	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 14, 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-----------------------------------------------	-----------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clay County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
------------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Charles Banks</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Gibson</u>	14. NAME OF HUSBAND OR WIFE <u>Nannie Banks</u>
-----------------------------------------	-------------------------------------------------	-------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Banks</u> ADDRESS <u>Parkville, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Organic Heart Disease</u>		7 yrs	

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 Oct 1, 1949, to Oct 19, 1949, that I last saw the deceased alive on Oct 19, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Wood</u> (Degree or title)	23b. ADDRESS <u>Parkville, Mo</u>	23c. DATE SIGNED <u>10/20/49</u>
----------------------------------------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Parkville, Missouri</u>
---------------------------------------------------------	---------------------------	------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10-20-49</u>	REGISTRAR'S SIGNATURE <u>Rhphia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Wood</u> ADDRESS <u>1729 Lydia</u>
------------------------------------------	---------------------------------------------	------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 25 FEB 20 1950

District Health Officer No. 8,

District File Number _____

Date Filed _____

10-25-49

NOV 9 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

L. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.