

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38289

BIRTH NO.		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 4415		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clark</u>				a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charlie</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED		a. (First) <u>Charlie</u>		b. (Middle) <u>Lewis</u>		c. (Last) <u>Bankhead</u>	
(Type or Print)						4. DATE OF DEATH (Month) (Day) (Year) <u>Nov</u> <u>29</u> <u>49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 15 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Larry R. Bankhead</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda E. Errett</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Bankhead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>8</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles L. Bankhead Jr.</u> ADDRESS <u>Clarksville</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis (Coronary Occlusion)</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Arterio-sclerosis</u>					
		DUE TO (c) <u>Age</u>					
		II. OTHER SIGNIFICANT CONDITIONS				4500	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
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) (Min)		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 <u>Nov 29, 1949</u> , to <u>Nov 29, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E M Bankhead M.D.</u> (Degree or title)				23b. ADDRESS <u>Clarkville Mo</u>		23c. DATE SIGNED <u>Nov. 29 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 1 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3 - 49</u>		REGISTRAR'S SIGNATURE <u>Duda</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry L. Larrold</u> ADDRESS <u>Clarksville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 5 1949  
District Health Officer No. 10  
District File Number 12-42-20  
Date Filed DEC 5 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, ~~on~~ Nov. 30-

Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clifton Mills  
Licensed Embalmer No. 3364  
P. O. Address Elshemy, 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.