

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4427

BIRTH NO. 7010-50 REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 4178 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb, Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holcomb Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELLA	b. (Middle) MAE	c. (Last) BANKS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 1, 1950
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH FEB. 1, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 12 MRS. Hours 0 Min. 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Holcomb, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LONNIE BANKS	13b. MOTHER'S MAIDEN NAME EDNA MAE WINSTON	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. W	17. INFORMANT'S SIGNATURE OR NAME LONNIE BANKS	ADDRESS WARD, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 7615
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature death		
	ANTECEDENT CAUSES Transverse, absolute & prolapsed Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hard 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) W	21e. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1st 1950** to **Feb 1st 5pm 1950**, that I last saw the deceased alive on **Feb 1st**, 1950, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wardell	(Degree or title)	23b. ADDRESS Wardell	23c. DATE SIGNED 2-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 3, 1950	24c. NAME OF CEMETERY OR CREMATORY FAMILY CEMETERY	24d. LOCATION (City, town, or county) (State) WARD, Mo.
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DATE REC'D BY LOCAL REG. Feb 13, 1950	REGISTRAR'S SIGNATURE J. C. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE 89	ADDRESS WARD, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-16-50

COUNTY FILE NUMBER 250-59

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.