

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7664

BIRTH NO. 13048-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 3 days		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hosp		d. STREET ADDRESS (If rural, give location) 909 Pacific St.	

3. NAME OF DECEASED (Type or Print)	a. (First) DARLYNN	b. (Middle) PEARL	c. (Last) BANKS	4. DATE OF DEATH (Month) 3 (Day) 27 (Year) 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never Married	8. DATE OF BIRTH March 25, 1950	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inhabitant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Banks	13b. MOTHER'S MAIDEN NAME Hazel Montz	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Banks, 909 Pacific St.	ADDRESS
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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 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anomalous fluid DUE TO (c) aspiration		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Erythroblastosis		1700	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 26, 1950, to March 27, 1950, that I last saw the deceased alive on March 28, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. John Hartrock D.O. 2-224 Fogel Blvd. St. Joseph, Mo.	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 3-28-50
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24a. BURIAL (CREMATION REMOVAL) (Specify) Burial	24b. DATE 3-28-50	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Mar. 29, 1950	REGISTRAR'S SIGNATURE L. E. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE John C. Rupp	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

John E. Rupp
.....
Licensed Embalmer No. *3986*

P. O. Address

St. Joseph

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.