

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17687

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 176	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 46 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 N. Ohio St				d. STREET ADDRESS (If rural, give location) 609 N. Ohio			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) c. (Last) Banks				4. DATE OF DEATH (Month) (Day) (Year) 4-27-1950			
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH unknown	
10a. USUAL OCCUPATION (Give kind of work or business most of working life, even if retired) RR Employee		10b. KIND OF BUSINESS OR INDUSTRY Mo Pacific Ship		11. BIRTHPLACE (State or foreign country) Howard Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Frank Banks		13b. MOTHER'S M maiden name Winnie Stapleton		14. NAME OF HUSBAND OR WIFE Olla Hughes			
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 Ollie Banks, New Franklin 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201-				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 viewed the deceased from as Coroner, 19, that I last saw the deceased alive on 5-1-19, and that death occurred at 5:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ola Gordon Sauffrich, M.D.				23b. ADDRESS Coroner, Pettis Co		23c. DATE SIGNED 5-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 5-1-1950		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 5-1-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. D. Ferguson Sedalia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 15

District Health Officer No. 8,

District File Number

Date Filed

5/16/50

MAY 24 1950

JUN 2 1950

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

F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.