

27733

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1950

State File No.

BIRTH NO. 51358-50 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Rural-Little Prairie</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>4da</u>		c. CITY OR TOWN <u>Rural - Little Prairie</u> (If outside corporate limits, write RURAL and give township) <u>0780</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Box 61-Caruthersville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Banks Jr.</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-1950</u>
---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Aug. 6, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u> Days	IF UNDER 24 HRS. Hours <u>4</u> Min.
--------------------	-------------------------------	---	--------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not any</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not any</u>	11. BIRTHPLACE (State or foreign country) <u>Pemiscot County</u>	12. CITIZEN OF WHAT COUNTRY? <u>Rt. 1 Caruthersville, Mo.</u>
---	---	---	--

13a. FATHER'S NAME <u>James Banks</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Lee Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Not any</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) <u>X</u>	16. SOCIAL SECURITY NO. <u>Not any</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Allen - Rt. 1 Box 61</u>	ADDRESS <u>C'vill</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>77 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permatuity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo.</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
--	---	--

22. I hereby certify that I attended the deceased from 8-9-, 1950, to 8-9-, 1950, that I last saw the deceased alive on 8-9-, 1950, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Quinn, M.D.</u>	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>8-11-50</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellen Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rt. 1 Caruthersville, Mo.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-17-1950</u>	REGISTRAR'S SIGNATURE <u>Tressie B. Weeks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>	ADDRESS <u>Funeral Home 858 Ward Ave Caruthersville Mo</u>
--	--	---	---

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

780

88-50-226

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri
AUG 19 REC'D

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.

This body was not embalmed.

Signed *W. Denver Fike*

Signed _____
Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.