

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3465

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 447a Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arrow Rock</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arrow Rock, Mo.</u> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>		d. STREET ADDRESS (If rural, give location) <u>Arrow Rock, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>Betty Banks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 1, 1895</u>
9. AGE (In years last birthday) <u>55</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Arrow Rock, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dan Parker</u>	
13b. MOTHER'S MAIDEN NAME <u>Chamolette Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Dennis Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Dennis Banks, Arrow Rock, Mo.</u>		ADDRESS <u>Arrow Rock, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Dysentery</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 Months</u>	
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>May 1, 1950</u> , to <u>Jan 6, 1951</u> , that I last saw the deceased alive on <u>Jan 5, 1951</u> , and that death occurred at <u>2:40 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>C. L. Lawless, M.D.</u>		23b. ADDRESS <u>Arrow Rock, Mo.</u>	
23c. DATE SIGNED <u>1-7-51</u>		24. NAME OF CEMETERY OR CREMATORY <u>Sappington Cemetery</u>	
24a. BUBIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/51</u>	
24c. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn L. Brown</u>	
DATE REC'D BY LOCAL REG. <u>Jan 8 1951</u>		REGISTRAR'S SIGNATURE <u>Rodney J. Gray</u> 385	
ADDRESS <u>Arrow Rock, Mo.</u>		ADDRESS <u>Arrow Rock, Mo.</u>	

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

1970

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *George H. Green*
Student Embalmer No. _____

Licensed Embalmer No. 4220

P. O. Address *Marshall, TN*

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.