

FILED JUL 6 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. **19526**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0123	
c. LENGTH OF STAY (In this place) 25 yr		d. STREET ADDRESS (If rural, give location) 605 Kinzer	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Hallye	b. (Middle) Myrtle	c. (Last) Banks	Month June	Day 22	Year 51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH		
			Jan 31 , 1886	9. AGE (In years last birthday) 65	10. MONTHS 4 11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pocohontas, Arkansas
					12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Black	13b. MOTHER'S MAIDEN NAME Mary Bettisworth	14. NAME OF HUSBAND OR WIFE Elmer E. Banks
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 Elmer E. Banks, Poplar Bluff, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
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"/>
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 attended the deceased from 6-16, 1951, to 6-22, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 3:20pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 6-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/24/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. June 26 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch, Poplar Bluff Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUL 3 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-294

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.....

X*X*X*X*X*X*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wallace G. Fitch

Signed.....
Student Embalmer

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.