

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20002

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklinship</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noble</u> b. (Middle) _____ c. (Last) <u>BANKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 - 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 1 -</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>RR Maintenance</u>	11. BIRTHPLACE (State or foreign country) <u>New Franklin Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>RR Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.K. J. Section</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ollie Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Hughes Banks</u>	14. NAME OF HUSBAND OR WIFE <u>Artie Lee J. Jett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-10-2332</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Banks</u> ADDRESS <u>New Franklin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severed Head</u> <u>Severed Leg</u> DUE TO (b) <u>accident (Train)</u> 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 <u>045</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>suicide accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette</u> <u>Howard</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1951 9:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Train passed over body</u>
I hereby certify that I attended the deceased from <u>7-3 1951</u> to <u>7-3 1951</u> that I last saw the deceased alive on <u>7-3 1951</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Bloom M.D.</u>		23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>7-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>
24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.D. Newland</u> ADDRESS <u>New Franklin</u>	
DATE REC'D BY LOCAL REG. <u>7-3-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>	

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

0450

RECEIVED 7-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_ 7-11-51

AUG 29 1951

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.

Signed E. L. Hall

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.