

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32899

State File No.

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRUNSWICK</u> <u>0210</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>WASHINGTON</u>	c. (Last) <u>BANKS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>October 14 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25, 1855</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Type kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Jacob Banks</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Morgan</u>	14. NAME OF HUSBAND OR WIFE <u>Bow Harvey Banks</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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Banks</u>	ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>590X</u>

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></u> <u></u>

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

22. I hereby certify that I attended the deceased from Aug 2, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Fisher, D.D.</u> (Degree or title)	23b. ADDRESS <u>Brunswick Mo.</u>	23c. DATE SIGNED <u>Oct 17, 51</u>
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo.</u>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-17-51</u>	REGISTRAR'S SIGNATURE <u>Mildred B...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home</u>	ADDRESS <u>Brunswick Mo.</u>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

2210

NOV 15 1952

Date Received: NOV 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1948
Date Filed: NOV 2 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.....

Walter E. Moyer

Signed.....

Student Embalmer

Licensed Embalmer No. 449P

P. O. Address

Brunswick, 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.