

9. No. 300  
10. 48

JAN 15 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. .... 1943

3

BIRTH NO. .... REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3440 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY OR TOWN <u>Chillicothe, Missouri</u>	c. LENGTH OF STAY (In this place) <u>58 yrs.</u>	c. CITY OR TOWN <u>Chillicothe, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 Madison St. Chillicothe, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>120 Madison St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>M.</u> c. (Last) <u>Banks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 5 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>Sept. 25 1867</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (State or foreign country) <u>Dalton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Sylvester Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth S. Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth S. Banks - Chillicothe, Mo.</u> ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</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>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 1949, to Jan 1952, that I last saw the deceased alive on 4 Jan 1952, and that death occurred at 4:40 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Gardner</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Chillicothe Mo.</u>	23c. DATE SIGNED <u>7 Jan 1952</u>
--	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Colored Burying Ground, Chillicothe, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7/Jan/52</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u> ADDRESS <u>Chillicothe</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

592

**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.

Student .....  
Student Embalmer

Signed Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe 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.