

U.S. No. 500 AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27492

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>66</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>17 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>441 Ford St.</u>				d. STREET ADDRESS (If rural, give location) <u>441 Ford St.</u>				
3. NAME OF DECEASED (Type or Print) <u>Earl</u>			a. (First)		b. (Middle)		c. (Last) <u>Banks</u>	
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>15</u>		(Year) <u>52</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>Feb. 22-1892</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 24 Hrs. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail road</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>K Hamilton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>John Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Elva Banks</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elva Banks</u> ADDRESS <u>Liberty, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				II. OTHER SIGNIFICANT CONDITIONS* <u></u>				<u>5 mos.</u>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				<u>5 mos.</u>
				DUE TO (b) <u>Cardiac Decompensation</u>				<u>5 mos.</u>
				DUE TO (c) <u>Myocardial infarction</u>				<u>5 mos.</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 <u>4201</u>				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) (m.)		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>March 3, 1952</u> , to <u>Aug. 14, 1952</u> , that I last saw the deceased alive on <u>Aug. 14, 1952</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. M. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>10 W. Kansas St.</u>		23c. DATE SIGNED <u>Aug. 16-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Morris Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Preber Co.</u> ADDRESS <u>Liberty, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1964

**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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.