

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44269

State File No. 47

1050

DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Milan		d. STREET ADDRESS (If rural, give location) No street address	
3. NAME OF DECEASED (Type or Print) Mary		4. DATE OF DEATH Dec. 18, 1952	
a. (First) Mary		b. (Middle) Bankus	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 25, 1859	
9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Watt		13b. MOTHER'S MAIDEN NAME Jane Kerr	
14. NAME OF HUSBAND OR WIFE Ross H. Bankus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. B. Albertson, Green City, Mo		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES arteriosclerosis - DUE TO (b) _____ 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 type="checkbox"/>		4500	
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 11-26, 1952 , to Dec. 18, 1952 , that I last saw the deceased alive on 11-26, 1952 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. S. Montgomery M.D. (Degree or title)		23b. ADDRESS Milan Mo.	
23c. DATE SIGNED Dec. 20, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20, 1952	
24c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan County, Mo.	
DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE Mrs. H. B. Harris	
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kirtson		ADDRESS Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.