

STANDARD CERTIFICATE OF DEATH

State File No. 1943

FILED FEB 2 1954

BIRTH NO.		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 4293		Registrar's No. 2	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY LINCOLN		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE HOME				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARKSVILLE			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) MARGARET		b. (Middle) CHEATWOOD		c. (Last) BANKHEAD		5. DATE (Month) (Day) (Year) JAN. 24, 1954	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH July 3, 1895	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) PAYNESVILLE, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOSEPH CHEATWOOD		13b. MOTHER'S MAIDEN NAME JANE CAMP		14. NAME OF HUSBAND OR WIFE C. L. BANKHEAD - DECEASED			
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 ADDRESS G. L. BANKHEAD - Clarksville, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hemitemesias				5 1/2 hrs.	
*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				1 yr ±	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 yr +	
		DUE TO (c) Primary ca. of breast					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION 1(c) alone.				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)		170X	
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 12-15, 1953, to 1-24, 1954, that I last saw the deceased alive on 1-24, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. ELSBERRY, MO.				23b. ADDRESS		23c. DATE SIGNED 1/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-26-54		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Clarksville, Mo.	
DATE REC'D BY LOCAL REG. 2/1/54		REGISTRAR'S SIGNATURE Mrs. Clarence Kientz		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Harry C. Canall - Clarksville, 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4012

P. O. Address Elberry, 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.