

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 24 1954

State File No. **16723**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 44

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>NEWTON</u>	b. CITY OR TOWN <u>NEOSHO</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>NEWTON</u>
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>NEOSHO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 KENTLAND DRIVE</u>		e. STREET ADDRESS (If rural, give location) <u>915 KENTLAND DRIVE</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MABEL</u>	b. (Middle) <u>BANKSON</u>	c. (Last)	<u>MAY 7 1954</u>		
5. SEX <u>FEM.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Sept. 24, 1883</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BETHANY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>MANSON VAUGHN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA STABLES</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER L. BANKSON</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SYBIL OWENS, CARLISLE IOWA</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & loss of Blood</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall on Card Table</u>		
	DUE TO (c) <u>SEVERING ARTERY IN ARM</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E9030</u> <u>20</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho, Newton, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 7, 1954 6:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>a metal run - hit artery in arm.</u>

22. I hereby certify that I attended the deceased from 19 to 5-7, 1954 that I last saw the deceased alive on 7, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bailey Thompson, M.D.</u>	23b. ADDRESS <u>307 E. Main St. Neosho, Mo.</u>	23c. DATE SIGNED <u>5-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MUNCIE CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-13-54</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osley Thompson Sr.</u>	ADDRESS <u>Neosho, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48
1322

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 554-282

Date Filed MAY 21 1954

NEOSHO, MISSOURI

MAY 24

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 _____
Signature of Student Embalmer

Signed Carley Thompson
Licensed Embalmer No. 486

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.