

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26123

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>237</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville Mo.</u>		c. LENGTH OF STAY (If applicable) <u>2 Da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewistown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED a. (First) <u>Nina</u> b. (Middle) <u>D</u> c. (Last) <u>Banks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug 27 1907</u>	9. AGE (In years last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thurston M Banks</u>		
13b. MOTHER'S MAIDEN NAME <u>Vera Ellen Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Maurice Banks Knox City Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old Pulmonary atelectasis plus multiple small pulmonary emboli</u> DUE TO (b) <u>Neurological atonia of large bowel with long standing distention</u> DUE TO (c) <u>and diminished thoracic capacity</u> II. OTHER SIGNIFICANT CONDITIONS Intestinal obstruction due to obturation Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> "
19a. DATE OF OPERATION <u>8-17-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to elongation of sigmoid colon and obturation Sigmoidectomy</u>		20. AUTOPSY? YES <input checked="" 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) <u>5705</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHOLE 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>8-17-54, 19</u> , to <u>8-19-54, 19</u> , that I last saw the deceased alive on <u>8-19-54, 19</u> , and that death occurred at <u>4:45 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul Hays Jr.</u>		(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>8-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lewistown Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-24-54</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. J. Seeger Knox City Mo.</u>		

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

SEP 24 1922

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

*Mrs J. W. Anderson*

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.