

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18511**
2596

FILED JUL 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 mo.</u>		c. CITY OR TOWN <u>KANSAS CITY, MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>1901 WEST 71ST TERRACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>J.</u>		c. (Last) <u>BANCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-17-1955</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>APRIL-24-1911</u>	
9. AGE (in years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATE AGENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MARINE INSURANCE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN P. BANCK</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN RIE'S</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. MARY E. BANCK</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. MARY E. BANCK 1901 W. 71ST TER</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Carcinoma (Rx)</u> ANTECEDENT CAUSES DUE TO (b) <u>Same</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Postoperative Empyema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u> <u>102X</u>	
19a. DATE OF OPERATION <u>May 24, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Recurrent Carcinoma</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) _____		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</u> , 19 <u>55</u> , to <u>June 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 17</u> , 19 <u>55</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hector W. Benoit M.D.</u>				23b. ADDRESS <u>618 Prof Bldg - Kansas City</u>		23c. DATE SIGNED <u>June 18 '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 19 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT CALVARY CEMETERY DUBUQUE</u>		24d. LOCATION (City, town, or county) (State) <u>IOWA</u>	
DATE REC'D BY LOCAL REG. <u>6-18-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.K. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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.....

Signature of Student Embalmer

Signed.....

Edward M. Stone

Licensed Embalmer No. *44*

P. O. Address *K. C. I. I.*

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.