

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

State File No. **24941**

FILED JUL 26 1955

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>128</u>			
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjoinment).					
a. COUNTY <u>Saline</u>		b. STATE <u>Missouri</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3Yrs.</u>		e. STREET ADDRESS <u>754 W. North</u>		f. (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>754 W. North St.</u>				g. (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) <u>Lou</u>			b. (Middle) <u>Jarvis</u>			c. (Last) <u>Banks</u>			
d. (Month) <u>July</u>			e. (Day) <u>18</u>			f. (Year) <u>1955</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 28-1878</u>		9. AGE (In years last birthday) <u>77</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Samuel J. Banks</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Earl Banks-Marshall, Missouri</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 <u>Earl Banks-Marshall, Missouri</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUCE TO (b) <u>Arteriosclerotic Heart disease with coronary sclerosis</u>				<u>8 yrs.</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUCE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<u>4200</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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>April</u> , 19 <u>53</u> , to <u>7/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/17/55</u> , 19 <u>55</u> , and that death occurred at <u>3:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <u>C. F. Warren D.O.</u>				23b. ADDRESS <u>Marshall Mo</u>				23c. DATE SIGNED <u>7/18/55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emmet M. Garden - Marshall, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-18-55</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leelin Searcy - Marshall, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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0972

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 *J. Leslie Sweeney*.....

Licensed Embalmer No...32..

P. O. Address *M. A. ...*

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.