

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27079

State File No. \_\_\_\_\_

FILED AUG 19 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5823</u>		Registrar's No. <u>26</u>			
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-NEW MADRID</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>120</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>NEW MADRID CO. - MISSOURI</u>				e. STREET ADDRESS (If rural, give location) <u>8 miles S. East Prairie, MO.</u>					
3. NAME OF DECEASED (Type or Print) <u>LUTHER</u>			a. (First)		b. (Middle)		c. (Last) <u>BANKS</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 12, 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>Mar. 8, 1885</u>	
9. AGE (in years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bill Banks</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Powers</u>			14. NAME OF HUSBAND OR WIFE <u>Birdie Banks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Birdie Banks - East Prairie, MO.</u>				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease, Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) 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>1854</u> to <u>Aug 12, 1955</u> , that I last saw the deceased alive on <u>Aug 5, 1955</u> , and that death occurred at <u>8:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>L. P. Mott</u>				(Degree or title)		23b. ADDRESS <u>East Prairie</u>		23c. DATE SIGNED <u>8-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W.</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie, MO.</u>			
DATE REC'D BY LOCAL REG. <u>15 Aug 55</u>		REGISTRAR'S SIGNATURE <u>Samuel H. Roberts, Jr.</u>		512		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos Shelby</u>			
						ADDRESS <u>East Prairie, MO.</u>			

AUG 23 1955

DATE RECEIVED AUG 17 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 T. Travis Shelby

Licensed Embalmer No. 491

P. O. Address East...

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.