

FILED OCT 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29076

State File No. ....

0124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff, Mo.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Poplar Bluff</u>	d. 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>305 North B. St.</u>		STREET ADDRESS (If rural, give location) <u>305 North B. St.</u> 0127	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Edward</u> c. (Last) <u>Banks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 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>Oct. 27, 1883</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tie and Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Gatewood, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Banks</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Hudson</u>		14. NAME OF HUSBAND OR WIFE <u>Louella Lewis Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-010-979A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Banks, Poplar Bluff, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Hepatitis</u>	
		DUE TO (c) <u>Chronic Prostatitis</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6011X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Poplar Bluff</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler MO</u>		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>8/11, 1955</u> , to <u>9/22, 1955</u> , that I last saw the deceased alive on <u>9/22, 1955</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Holladay M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>9/28/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/30/55</u>		REGISTRAR'S SIGNATURE <u>Ed Muehle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

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

RECEIVED  
OCT 3 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 457

P. O. Address 412 W. 1st St.  
Poplar Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.