

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16244

FILED MAY 31 1956

STATE FILE NUMBER 2124

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2124

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Keasas City 4</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Arrow Rock</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forest Ave. Hosp. 2 Mo. 8 days</u> Length of stay in lb <u>2 Mo. 8 days</u>		d. STREET ADDRESS (If outside, give location) <u>202 Forest Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Esa</u> Middle <u>Banks</u> Last <u>Banks</u>			4. DATE OF DEATH Month <u>May</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 14, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED</u>	11. BIRTHPLACE (City and state or country) <u>Arrow Rock Mo</u>
13. FATHER'S NAME <u>Robert + BANKS</u>		14. MOTHER'S MAIDEN NAME <u>Lucindia Jackson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>	17. INFORMANT Address <u>Jacob Banks - Arrow, Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tubercular Pneumonia (Terminal)</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Carcinoma of Pericardium - operation v. a. Hoop</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>179X</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>Day</u> Year <u>p. m.</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>April 1, 1956</u> <u>5/14/56</u> and last saw her <u>alive</u> on <u>5/14/56</u> Death occurred at <u>m on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE <u>L. S. Daigle, M.D.</u> (Degree or title)		22b. ADDRESS <u>2122 Truman Rd</u>	22c. DATE SIGNED <u>5/15/56</u>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>5-18-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>	23d. LOCATION (City, town, or county) (State) <u>Arrow Rock Mo</u>
24. FUNERAL DIRECTOR <u>George H. Owen</u> ADDRESS <u>Market St</u>		25. DATE RECD. BY LOCAL REG. <u>5-16-56</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. S. Daigle

1321,3306.

MAY 31 1963

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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 by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *George H. Deen* Licensed Embalmer No. 4

P. O. Address *Mauch*

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