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FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19595

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 735

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 years</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>529 So. 9th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERBERT</b>	b. (Middle) <b>AMMON</b>	c. (Last) <b>BANKS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 10, 1897</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Amazonia, Missouri</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Enoch A. Banks</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Hall</b>	14. NAME OF HUSBAND OR WIFE <b>Luetta Banks</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. #1</b>	16. SOCIAL SECURITY NO. <b>547-16-7086</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Luetta Banks</b>	ADDRESS <b>529 So. 9th St. St. Joseph, Mo</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>several years</b>  <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal bronchial pneumonia, bi-lateral</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6-30-56, 19  , to 7-2-56, 19  , that I last saw the deceased alive on 7-2-56, 19  , and that death occurred at 4:30p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>E H Anderson</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>311 Physician &amp; Surg. Bldg., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>7-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/7/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 10, 1956</b>	REGISTRAR'S SIGNATURE <b>Geather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heston - Bowman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

85

JUL 17 1958

JUL 18 1958

JUL 24 1958

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 *William Spalding*.....

Licensed Embalmer No. 4523

P. O. Address 319 S. 10th St

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