

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27855**

FILED SEP 10 1956

BIRTH NO. REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Lauriana		c. CITY OR TOWN Bowling Green	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike Co. Hospital		e. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print) a. (First) William Carey b. (Middle) Bankhead c. (Last) Bankhead		4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Sept 26 1894
9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New Dealer	11. BIRTHPLACE (City and State or Foreign Country) 175 L 50 H 170	12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Thomas R Bankhead	13b. MOTHER'S MAIDEN NAME Elizabeth Haynie Helen Bankhead	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME Mr. J. J. Bankhead ADDRESS Bowling Green Mo

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Artery Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 3 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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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 **8-21**, 1956 to **8-29**, 1956 that I last saw the deceased alive on **8-28**, 1956 and that death occurred at **3:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas H. Lewellen M.D.		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 9-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30 1956	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sep 3, 1956 Bernice Callier		25. FUNERAL DIRECTOR'S SIGNATURE James Bankhead ADDRESS Bowling Green Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

1961 28 834

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.....

Licensed Embalmer No. 459

P. O. Address *Banline*

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.