FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31496
STATE FILE NUMBER

Health, Welfare Public Service

300
1-56

52 899-56 Registration District No. 241 Primary Registration District No. 4359 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY New Madrid	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Point Pleasant — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Portageville — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Linda — Middle Joyce — Last Banks

4. DATE OF DEATH: Month Sept. Day 20 Year 1956

5. SEX: Female

6. COLOR OR RACE: Black

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ Infant

8. DATE OF BIRTH: July 21, 1956

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): New Madrid County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bud Banks

14. MOTHER'S MAIDEN NAME: Eliza Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Bud Banks — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dehydration — INTERVAL BETWEEN ONSET AND DEATH: one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Infectious Diarrhea — two wks
DUE TO (c) Prematurity

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5710

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Portageville — COUNTY: New Madrid — STATE: Mo

21. I attended the deceased from 9-10-56, to 9-20-56 and last saw her/him alive on 9-19-56
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. B. Painter Jr. M.D.

22b. ADDRESS: Portageville, Mo

22c. DATE SIGNED: 9-21-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-22-56

23c. NAME OF CEMETERY OR CREMATORY: Free Will Colored Cemetery

23d. LOCATION (City, town, or county) (State): 5 mi. East of Marston

24. FUNERAL DIRECTOR: DeLisle Funeral Parlor — ADDRESS: Portageville, Mo.

25. DATE RECD. BY LOCAL REG.: 9-21-56

26. REGISTRAR'S SIGNATURE: Ellen DeLisle

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED SEP 24 1956
NEW MADRID CO. HEALTH CENTER
C. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not Embalmed

Student..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address .....

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.