

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED DEC 4 - 1956

38791

State File No. _____

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|--|-------------------------------|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>210</u> | | PRIMARY REG. DIST. NO. <u>5773</u> | | Registrar's No. <u>67</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morgan Twp.</u> | | | | c. LENGTH OF STAY (in this place) <u>1 1/2 years</u> | | c. CITY OR TOWN <u>Morgan Twp.</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mercer County Rest Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0650</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>William</u> | | b. (Middle) <u>Lee</u> | | c. (Last) <u>Banks</u> | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) <u>November 16, 1956.</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Jan. 16, 1884</u> | | 9. AGE (In years last birthday) <u>72</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>general farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Joseph Jones Banks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leticia Queen Freeze</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Phillips</u> ADDRESS <u>Topeka, Kans.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES <u>Rheumatism, heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>acute dilatation of heart</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>JO. 3. 1</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>11/11</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Discre</u> | |
| 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>Oct 10, 1956</u> , to <u>Nov 16, 1956</u> , that I last saw the deceased alive on <u>Nov 14, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. M. Perry</u> (Degree or title) <u>M. D. A</u> | | | | 23b. ADDRESS <u>Princeton, Mo.</u> | | 23c. DATE SIGNED <u>11-19-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 19, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cain cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>RED Cainsville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. _____ | | REGISTRAR'S SIGNATURE <u>Paul Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Marshall</u> ADDRESS <u>Cainsville, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eddie J. Stoklasa....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eddie J. Stoklasa.....

Licensed Embalmer No.....3602

P. O. Address Cainsville, Mo.

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.