

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23978

State File No. _____

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>Boonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haase Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) _____		_____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BANKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1957</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Apr. 3, 1875</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Bankson</u>	13b. MOTHER'S MAIDEN NAME <u>Betty</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. B. Miller Boonville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of R. hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>pulmonary embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>STURCHES HOMICIDE July 23, 1957</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boonville Cooper. Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in basement</u>

22. I hereby certify that I attended the deceased from July 23, 1957 to Aug 3, 1957, that I last saw the deceased alive on Aug 3, 1957, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Elmer R. Ravenscroft, M.D.</u>	23b. ADDRESS <u>Boonville, Mo.</u>	23c. DATE SIGNED <u>Aug 4, 57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug. 5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>8/4/57</u>	REGISTRAR'S SIGNATURE <u>Dr. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Thacker Boonville, Mo.</u>
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Benny W. Thacker*

Licensed Embalmer No. *399*

P. O. Address *Beaumont*

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.