

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004368

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 5038

Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Ash Township		c. CITY Mailing address OR Garfield, Arkansas	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 2058	
3. NAME OF DECEASED (Type or print) First ALENER Middle ELLIS Last BANKS		4. DATE OF DEATH Month FEB. Day 9, Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 6, 1869
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and state or country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rice Ellis		13b. MOTHER'S MAIDEN NAME Elizabeth Bailey	
14. NAME OF HUSBAND OR WIFE Houston Banks		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.		17. INFORMANT Bryant Banks-Garfield, Arkansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular - renal syndrome Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis & hypertension DUE TO (c) Epithelioma of left cheek PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epithelioma of left cheek		INTERVAL BETWEEN ONSET AND DEATH 2 years Unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:30 A. Month, Day, Year 11.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Barry STATE Missouri	
21. I attended the deceased from 2-21-56 to 12-13-57 and last saw her alive on 4-17-57 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Mary Newman, M.D.	
22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 2-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-11-1958	
23c. NAME OF CEMETERY OR CREMATORY Dent Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri	
24. FUNERAL DIRECTOR Culver's		25. DATE RECD. BY LOCAL REG. 2-17-1958	
26. REGISTRAR'S SIGNATURE Grace Williams			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 258-41

DATE REC. 2-24-58

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 Margaret C. Henber

Licensed Embalmer No. 4389

P. O. Address Cassville,

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.