

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024812

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>McDonough</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage Beach, Osage Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Blandinsville, Ill</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>R.R. 2</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Dennis</b> Middle <b>Eugene</b> Last <b>Banks</b>			4. DATE OF DEATH Month <b>8</b> Day <b>1</b> Year <b>58</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 18, 1948</b>		9. AGE (In years last birthday) <b>10</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b>58</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Macomb, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Donald Banks</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Mae Johnson</b>		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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Donald Banks</b>	Address <b>Blandinsville, Ill.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Severe Bronchitis, with toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Camden</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on **8-1-58**  
Death occurred at **1 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Abbie Woolery</b> (Degree or title) <b>Coroner 3</b>	22b. ADDRESS <b>Camden, Mo.</b>	22c. DATE SIGNED <b>8-1-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>8/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glade City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Blandinsville, Ill</b>
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24. FUNERAL DIRECTOR <b>Walter P. Wedges</b> ADDRESS <b>Camden, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 2-1958</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Inanc</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG. 13 1958

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 *Walter P. Hedges* .....

Licensed Embalmer No. *4265* .....

P. O. Address *Leonia, N.J.* .....

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.