

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045386

STATE FILE NUMBER

1003

Registrar's No. 11756

FILED JAN 6 1959

Registration District No.

318

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkwood. 4003	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb 11 Days		d. STREET ADDRESS (If outside, give location) 1142 Harwood, Dr.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First DORA		Middle CHARLOTTE		Last BANKS		DECEMBER 3, 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 Sept. 12, 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		9. AGE (In years last birthday) 70		11. BIRTHPLACE (City and state or country) Iron County, Missouri.	
13a. FATHER'S NAME Monroe Carty				13b. MOTHER'S MAIDEN NAME Clara Belcher		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.				16. SOCIAL SECURITY NO. None		14. NAME OF HUSBAND OR WIFE Morgan Banks	
17. INFORMANT Juanita Cassidy, 1142 Harwood, Dr.				Address Kirkwood, Mo.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE CONGESTIVE HEART FAILURE						INTERVAL BETWEEN ONSET AND DEATH 4 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGENITAL HEART DISEASE (INTERATRIAL SEPTAL DEFECT)						DUE TO (c) 7543	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE			
21. I attended the deceased from NOV. 22, 1958 to DEC. 3, 1958 and last saw her alive on DEC. 3, 1958 Death occurred at 1:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Hamilton M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/4/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-4-58		23c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery		23d. LOCATION (City, town, or county) (State) Pilot Knob, Missouri.	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.				25. DATE RECD. BY LOCAL REG. DEC 6 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

No symptoms will be listed.

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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*
P. O. Address *St. Louis*

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.