

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024048

FILED VS AUG 17 1959

Registration District No. 3 Primary Registration District No. 3003 Registrar's No. 116

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT				Length of stay in lb 1 da		c. CITY OR TOWN WASHBURN TWP.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VICENT HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 mi. W. of Washburn	
3. NAME OF DECEASED (Type or print) First Middle Last RICE LOT BANKS				4. DATE OF DEATH Month Day Year 8 3 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-4-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Washburn, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Huston Banks				13b. MOTHER'S MAIDEN NAME Alener Ellis		14. NAME OF HUSBAND OR WIFE Edith Morgan Banks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 487-28-9803		17. INFORMANT Edith Banks, Washburn, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Masine Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year							
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		COUNTY	STATE	
21. I attended the deceased from 4-23-59 to 8-3-59 and last saw her him alive on 8-3-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles J. Gine m.				22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 8-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-5-59	23c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery		23d. LOCATION (City, town, or county) Barry Co., Mo.		(State)	
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-7-59		26. REGISTRAR'S SIGNATURE Mrs. P. D. Cook	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dryb E. Williamson

Licensed Embalmer No. 4883

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.