

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025536

FILED VS. AUG 11 1959 6

Registration District No. 3026 Primary Registration District No. 346 Registrar's No. 346

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 51 yrs.		c. CITY OR TOWN Independence		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirby Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 320 So. Fuller	
3. NAME OF DECEASED (Type or print) First MARY Middle ELLA Last BANKS			4. DATE OF DEATH Month August Day 3 Year 1959			
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 10-16-1880	9. AGE (last birthday) 78	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Sherdon, Indiana		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Andrew D. Newman		13b. MOTHER'S MAIDEN NAME Mary Caudell		
14. NAME OF HUSBAND OR WIFE Frank C. Banks, deceased		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. None		
17. INFORMANT J. Vernon Banks, 1815 Hardesty, K.D., 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) acute bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
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) Arteriosclerotic Cardiovascular disease with atherosclerotic fibulation (yrs)		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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. 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 6-1950 to 8-3-59 and last saw her alive on 7-7-59		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Drs. Grabske & Link (Degree or title)		22b. ADDRESS 10901 Winner, Independence, Mo.		22c. DATE SIGNED 8-4-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-5-59	23c. NAME OF CEMETERY OR CREMATORY Wills Cemetery		23d. LOCATION (City, town, or county) (State) Peculiar, Missouri		
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo.		ADDRESS _____		25. DATE RECD. BY LOCAL REG. 8-5-59		
26. REGISTRAR'S SIGNATURE Jane Craig						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Ind.

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.