

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032893

FILED VS OCT 8 1959

170 Primary Registration District No. 3033 Registrar's No. 141

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 2 hrs.	c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Second & Madison Sts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Oakland Str. Rt.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Henry Middle O. Last Banks			4. DATE OF DEATH Month Sept. Day 26, Year 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 10-13-89	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Atkinson, Nebraska	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry M. Banks		13b. MOTHER'S MAIDEN NAME Bell Miller		14. NAME OF HUSBAND OR WIFE Ruth 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. 508-34-3534	17. INFORMANT Address Mrs. Ruth Banks, Lebanon, 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 coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive heart disease			over 5 yrs.
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			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"/> 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 1-13-55 to 9-26-59 and last saw ^{her} him alive on 9-25-59 Death occurred at 4:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B.B. Hurst, M.D.			22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 9-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-30-59	23c. NAME OF CEMETERY OR CREMATORY Ava City Cemetery	23d. LOCATION (City, town, or county) Ava, Mo.		
24. FUNERAL DIRECTOR J. Shadel		ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 9-28-1959	26. REGISTRAR'S SIGNATURE Hella L. Hays	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3309 4 8 1966

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 William C. Sanjivan

Licensed Embalmer No. 507

P. O. Address Box 73

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.