

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033256

FILED VS OCT 5 1959 74

Registration District No. Primary Registration District No. 3052 Registrar's No. 315

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Pettis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b <u>45 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>405 W. Johnson</u>	
				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Cena</u>	Middle <u>Carl</u>	Last <u>Banks</u>	Month <u>Sept.</u>	Day <u>27</u>	Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 29, 1883</u>	9. AGE (last birthday) <u>76 yr.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Girl (RETI)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods Store</u>	11. BIRTHPLACE (City and state or country) <u>Warrensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lafayette Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dan Banks.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Josephine Franklin - Sedalia, Mo.</u>	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			
DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c)			<u>undet.</u>
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 checked="" 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	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 Sept. 11, 1959 to Sept 27, 1959 and last saw her alive on Sept 27, 1959
 Death occurred at 7:19 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C. Reynolds, M.D.</u>	22b. ADDRESS <u>104 1/2 W. main Sedalia, Mo</u>	22c. DATE SIGNED <u>9/29/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
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24. FUNERAL DIRECTOR <u>Miss Alexander</u>	ADDRESS <u>400 W. Cooper</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 22 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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lucie Alexander

Licensed Embalmer No. 41245

P. O. Address Sedalia Mo

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.