| ŲŖI  | FRI   | VISION OF HEALTH - STANDA  | ARD CERTIFICATE O   | F DEATH   | 59-038658   |
|------|---|--|---|---|---|
| ENDE | ا میا   | Registration District NoPrima  | ry Registration District No. 45/                                      | Registrar's No  | STATE FILE NUMBER   |
|      | <u> </u>  | 1. PLACE OF DEATH  a. COUNTY Sullivan  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURI b. COUNTY Sullivan admission) |   |
|      |   | C. FULL NAME OF (If NOT in hospital, give location of the property of the prop | 8 yrs.  | ADDRESS   | Inside Limits Yes X No  utside, give location)  Reside on Farm Yes  NX  |
| ++   |   | 3. NAME OF DECEASED (Type or print)  | Middle  | Last 4. DAYE  | Month, Day, Year  |
|      |   | 5. SEX 6. COLOR OR RACE  | 7. Married Never Married  | B. DATE OF BIRTH 9. AGE (last bi  | rthday) IF UNDER 1 YEAR   IF UNDER 24 HR                                |
|      |   |  | Widowed ☐ Divorced ☐  10b. KIND OF BUSINESS OR INDUSTR                | 10/27/1879 80<br>Y 11. BIRTHPLACE (City and state or c  | Months Days Hours Min.  |
|      |   | during mast of working life, even if retired)  13a. FATHER'S NAME  | General Farming   |   | ME OF HUSBAND OR WIFE   |
|      |   | Nathan Bankes  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   | Delcena Duni  |   | ise Bankes  |
|      |   | (Yes, no, or unknown) (If yes, give war or dates of se   |   | Mrs. Louise Ban   | kes, Green City, Mo.  |
|      | DOCUMENT  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  | <b>∕</b> ≩  | OKONARY VAR   | on bos 19 1 week  |
|      | DOC   | Conditions, If any, ) DUE TO (b)   |   | RONAM Sala  | ROSIS 84 EARS   |
| -    | -   | which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)   | Ge.   | nenal Auteriose   | leassig pyenka  |
|      |   | PART III OTHER SIGNIFICANT CO  | NOTIONS CONTRIBUTING TO DEAT PART I (a)                               | H but not related to the terminal   | PART III. If deceased was female was there a pregnancy in last 90 days. |
|      |   | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE  | HOMICIDE 20b. DESCRIBE HO   | W INJURY OCCURRED. (Enter nature of   | injury in PART I or PART II of item 18.)                                |
|      |   | 20c. TIME OF Hour Month, Day, Year INJURY 8-m.   |   |   |   |
|      | OF  | 20d INITIRY OCCURRED 20e. PLACE C  | OF INJURY (e.g., in or about home, ctory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
|      |   | 21. I attended the deceased from 10  | 1952 10 No  | and last saw her elimediate date stated above, and to the best of   | •   |
|      |   |  | ee or title)  | 22b. ADDRESS  | 22c. DATE SIGNED  |
| H    | AFFIDAVIT                                       | 23s. BURIAL, CREMATION, 23b. DATE  | 23c. NAME OF CEMETERY OR CRE  | 1   | ity, town, or county) (State)   |
|      | Y AFFI  | Burial 11-3-1959  24. FUNERAL DIRECTOR ADDR  | Mt. Olivet Ce   | EMETER Green Ci   | RAR'S SIGNATURE   |
|      | (Licensed Embalmer's Statement on Reverse Side) |  |   |   | . M.W. Beckett  |

ECEL 2 T AON SA

## STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name | is recorded on the reverse side of this certificate was embalmed by n |
|---|---|
| or by                                     | , Student Embalmer No   |
| working under my personal supervision.    | $\mu / \rho = \mu / U$  |
| Student                                   | _ Signed Hard P Fent  |
| Signature of Student Embalmer             | Licensed Embalmer No. 4689  |

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