

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 18 1959

59043254

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3008 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b 68 Yrs.		c. CITY OR TOWN Monett		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 Euclid Ave.			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 306 Euclid Ave.		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last BANKS				4. DATE OF DEATH Month Dec. Day 7, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7/11/91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 24 HR Hours 26 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Barry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME D. L. Lautaret			13b. MOTHER'S MAIDEN NAME Jennie Bounous		14. NAME OF HUSBAND OR WIFE John Banks (Dece.)		
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. 495-40-5379		17. INFORMANT Address Mrs. Norman Claybough Monett, 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) Myocardial degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Dichloro Methyl						INTERVAL BETWEEN ONSET AND DEATH 24 yrs 10 yrs 10 yrs	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 2-10-45 to 12-7-59 and last saw her him alive on 12-7-59 Death occurred 3:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank R. New M.D. (Degree or title)				22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 12/8/59	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/59		23c. NAME OF CEMETERY OR CREMATORY New Site Cem.		23d. LOCATION (City, town, or county) (State) Barry County, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan Monett, Mo.				25. DATE RECD. BY LOCAL REG. 12-8-59		26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.