

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 12 1960

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Registration District No. 336 Primary Registration District No. 336 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Current typ		Length of stay in 1b 6 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS So. 2 miles	
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Eva Middle - Last Banks			4. DATE OF DEATH Month Dec Day 27 Year 1959		
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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 Not Available	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning R R Coaches	10b. KIND OF BUSINESS OR INDUSTRY Railroad Term.	11. BIRTHPLACE (City and state or country) Shannon Co Mo	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Jeff Lewis	13b. MOTHER'S MAIDEN NAME Not available	14. NAME OF HUSBAND OR WIFE Ed Banks
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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. 487 22 4185	17. INFORMANT Herbert Patton	Address St. Louis Mo 2121 E. Prairie
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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
IMMEDIATE CAUSE (a) Natural Cause		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coroner Notified	
	DUE TO (c) had been in Hospital	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) She had been in Mt St Rose Hospital for T B	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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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 _____
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21. I attended the deceased from **7 A** to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mabel Zaccaria Registrar	22b. ADDRESS Winona Mo	22c. DATE SIGNED 1-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-30-59	23c. NAME OF CEMETERY OR CREMATORY Rector Cem	23d. LOCATION (City, town, or county) (State) Shannon Co. Missouri
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24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.	25. DATE RECD. BY LOCAL REG. 1-11-60	26. REGISTRAR'S SIGNATURE Mabel Zaccaria
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

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 Carl H. Sawyer

Licensed Embalmer No. 2370

P. O. Address Dalton, Va.

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.