

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005293

STATE FILE NUMBER

DEED

REGISTRATION DISTRICT NO. 413 REG. NO. A1755 PRIMARY REGISTRATION DISTRICT NO. 3007 REGISTRAR'S NO. 124

FILED VS MAR 14 1960

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MISSISSIPPI</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>80 DAYS</b>	c. CITY OR TOWN <b>EAST PRAIRIE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>BOX 106</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RUBAN</b> Middle <b>(NONE)</b> Last <b>BANKSTON</b>			4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>19</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/31/95</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES N. BANKSTON</b>		13b. MOTHER'S MAIDEN NAME <b>GLENDA CUNNINGHAM</b>		14. NAME OF HUSBAND OR WIFE <b>CLARA BANKSTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>WIFE</b> <b>CLARA BANKSTON, BOX 106 EAST PRAIRIE, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LEFT RIGHT SIDED HEART FAILURE WITH PULMONARY EDEMA.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours.</b>
DUE TO (b) <b>1. ARTERIOSCLEROTIC HEART DISEASE. 2. ADHESIVE PERICARDITIS, ETIOLOGY UNKNOWN.</b>					10 Years. Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I (a) <b>1. PERFORATION THRU MUCOSA AND MUSCULATURE OF URINARY BLADDER WALL, POSTERIORLY. 2. PROSTATIC HYPERTROPHY, BENIGN.</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
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Dec. 1, 1959</b> to <b>Feb. 19, 1960</b> and last saw her/him <b>alive on</b> Death occurred at <b>11:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print name) <b>Ernest M. Tapp</b> (Degree or title) <b>ERNEST M. TAPP, M.D., Director, Prof. Svcs.</b>			22b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>2/23/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetary</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>		
24. FUNERAL DIRECTOR <b>Mc Mickle, East Prairie, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3/2/60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No. *4694*  
P. O. Address *Charleston*

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.