

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS SEP 16 1960

393

3074

217

=60-037132

STATE FILE NUMBER

DED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston,		Length of stay in 1b. 23 yr		c. CITY OR TOWN Sikeston, Rural		Inside-Limits... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Del Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural R.F.D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Rogers Middle xxxxxxx Last Banks				4. DATE OF DEATH Month August Day 31 Year 1960					
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5.7.1921		9. AGE (last birthday) 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor		11. BIRTHPLACE (City and state or country) Heath, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME Will Banks			13b. MOTHER'S MAIDEN NAME Mary Moses			14. NAME OF HUSBAND OR WIFE Virgie Lee Banks			
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. 495,28,950		17. INFORMANT Virgie Lee banks Address Bell City, 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) CRUSHED CHEST CAUSED WHEN TRACTOR ROLLED OVER BODY							INTERVAL BETWEEN ONSET AND DEATH 20 min + or -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Mowing ditch bank - tractor turned over					
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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION Rural		COUNTY Stoddard		STATE MO	
21. I attended the deceased from First Call after Death to _____ and last saw 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 Lucille Poe Caron (Degree or title)				22b. ADDRESS Sikeston Mo				22c. DATE SIGNED 9/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-4-1960		23c. NAME OF CEMETERY OR CREMATORY Carpenters		23d. LOCATION (City, town, or county) North of Sikeston, Mo. (State)			
24. FUNERAL DIRECTOR Smith Funeral Home ADDRESS Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. 9-8-'66		26. REGISTRAR'S SIGNATURE Miss Ella Hunter				

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

Student _____
Signature of Student Embalmer

Signed Fred B. Smith

Licensed Embalmer No. 440

P. O. Address Sebast

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.