

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007952

STATE FILE NUMBER

Registration District No. 59

Primary Registration District No.

Registrar's No. 61

AMENDED

FILED APR 6 1961

1. PLACE OF DEATH

a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN West Peculiar Twp.

Length of stay in lb
5 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3 miles S. Peculiar

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cass

c. CITY OR TOWN Peculiar

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
3 miles S. Peculiar

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
HORACE ADAM BANKS

4. DATE OF DEATH Month Day Year
March 25, 1961

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/30/1898

9. AGE (last birthday) 62
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY
% News Agency

11. BIRTHPLACE (City and state or country)
Morrison, Tenn.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Edgar Banks

13b. MOTHER'S MAIDEN NAME

El Dora Duke

14. NAME OF HUSBAND OR WIFE

Rosalie E. Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)

No

16. SOCIAL SECURITY NO.

472 14 5442

17. INFORMANT

Mrs. Rosalie Banks Peculiar, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Emphysema

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.

☐ 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 Month, Day, Year
-a.m. -p.m.

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 _____ to _____ and last saw him alive on _____
Death occurred at Mar 25, 1961 9:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Alvin Cummings Coronar Cor Co Harrisonville Mo

Harrisonville Mo

Mar 28, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

3/28/1961

Peculiar Cemetery

Peculiar, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Atkinson Dickey Harrisonville, Mo

Mar 28-1961

Mrs Ray Seber

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1961

APR 14 1961

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

Robert W. Tuttle

Licensed Embalmer No.

4902

P. O. Address

Harrison

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.