

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046053

FILED JAN 11 1962

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12427

STATE FILE NUMBER

AMENDED

INSTEAD OF

DOCUMENT

| | | | | | | | | | |
|--|---|---|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Louisiana b. COUNTY Rapides | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 19 days | c. CITY OR TOWN Pineville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock INSTITUTION Hospital, Inc. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS RR #2 (If outside, give location) Box 185 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) First Andrew Middle Burton Last Bankston | | | 4. DATE OF DEATH Month December Day 30 Year 1961 | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-31-1913 | 9. AGE (last birthday) 47 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Clerk | | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) Arcola, La. | | 12. CITIZEN OF WHAT COUNTRY U.S. | | | |
| 13a. FATHER'S NAME Henry B. Bankston | | | 13b. MOTHER'S MAIDEN NAME Florence Dreher | | 14. NAME OF HUSBAND OR WIFE Estelle | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | | | | 17. INFORMANT Address Estelle Bankston, Pineville, 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) CARDIAC FAILURE, CHRONIC | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 24 years | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AORTIC STENOSIS | | | | | | | | | |
| DUE TO (c) Rheumatic Heart Disease | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 411x | | | | | 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 | | | |
| 21. I attended the deceased from Dec. 12, 1961 to Dec. 30, 1961 and last saw her/him alive on Dec. 29, 1961 Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE R C Freeman, MD (Degree or title) | | | 22b. ADDRESS 1755 S. Grand Blvd. | | 22c. DATE SIGNED 1/30/61 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-30-61 | 23c. NAME OF CEMETERY OR CREMATORY Forest Lawn Memorial Cemetery | | 23d. LOCATION (City, town, or county) Pineville, La. | | (State) | | | |
| 24. FUNERAL DIRECTOR Hixon Bros, Funeral Home, Alexandria, La ADDRESS | | | 25. DATE RECD. BY LOCAL REG. 12-30-1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | | | | | |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

FEB 5 1962

JAN 17 1962

JAN 16 1962

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 John J. Harris

Licensed Embalmer No. 4108

P. O. Address St Louis 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.

Exhibit