

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fairfax		Length of stay in 1b 1 Day	c. CITY OR TOWN Gets mail in Northboro
c. FULL NAME OF (If NOT in hospital, give location) Fairfax Community Hospital		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS Iowa.
3. NAME OF DECEASED (Type or print) Wilbert Benjamin Banks		4. DATE OF DEATH Feb-11th-1963	5. DATE OF BIRTH 24-1891

3. NAME OF DECEASED (Type or print) Wilbert Benjamin Banks		4. DATE OF DEATH Feb-11th-1963	
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 24-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Farm work	11. BIRTHPLACE (City and state or country) Missouri

13a. FATHER'S NAME Charlie Banks		13b. MOTHER'S MAIDEN NAME Ahna		14. NAME OF HUSBAND OR WIFE Edith Banks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.		17. INFORMANT Edith Banks Northboro, Iowa	

18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 6 hours
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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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: _____ 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
21. I attended the deceased from Feb 11, 1963 to Feb 11, 1963 and last saw ^{him} alive on Feb 11, 1963 . Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Edward J. Bare MD		22b. ADDRESS Tarbio, Mo		22c. DATE SIGNED 2/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb-14-1963	23c. NAME OF CEMETERY OR CREMATORY Walden Grove		23d. LOCATION (City, town, or county) (State) Westboro, Missouri

24. FUNERAL DIRECTOR Scott Tucker		ADDRESS Westboro. Mo	25. DATE RECD. BY LOCAL REG. Feb 18, 1963	26. REGISTRAR'S SIGNATURE Therwin H. Schaefer
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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APR 4 1963

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

Ashley R. Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.