

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018732
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 119

FILED MAY 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK FOR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 2 1/2 DAYS	c. CITY OR TOWN SIKESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. # 1
3. NAME OF DECEASED (Type or print) First CARL Middle LEE Last BANKS			4. DATE OF DEATH Month 5 Day 12 Year 63
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 11, 17, 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common labor		10b. KIND OF BUSINESS OR INDUSTRY common labor	11. BIRTHPLACE (City and state or country) Widener, Arkansas
13a. FATHER'S NAME Rogers Banks		13b. MOTHER'S MAIDEN NAME Virgie Lee Sims	14. NAME OF HUSBAND OR WIFE Dorothy Banks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Virgie Lee Banks Morley Rfd
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH Four Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple FRACTURES + HEAD INJURY			3 DAYS
DUE TO (c) Automobile Accident			3 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tubular Necrosis of Kidneys			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.) RAN INTO A BRIDGE	
20c. TIME OF INJURY 9:30 p.m. 5-1-63			
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 SIKESTON
21. I attended the deceased from 5/1/63 to 5-1-63 and last saw him alive on 5-1-63		Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE May G. [Signature] (Degree or title)		22b. ADDRESS SIKESTON Mo.	22c. DATE SIGNED 5/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) 5, 12, 63	23b. DATE 5, 12, 63	23c. NAME OF CEMETERY OR CREMATORY Carpenter	23d. LOCATION (City, town, or county) N. West of Sikeston, Mo.
24. FUNERAL DIRECTOR Smith Funeral Home Sikeston, Mo		25. DATE RECD. BY LOCAL REG. May 10-1963	26. REGISTRAR'S SIGNATURE Jeanette Waldman

