

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032804

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 59

FILED AUG 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LEWIS</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>REDDISH TWSP.</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	c. CITY OR TOWN <u>LEWISTOWN</u>
Length of stay in 1b <u>5 wks.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PRAIRE VIEW REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>1 block West Lewistown</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>THURSTON MCPIKE BANKS</u>		Month Day Year <u>AUGUST 15 63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/6/8/81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	9. AGE (last birthday) <u>82</u>
11a. FATHER'S NAME <u>NAPOLEON BANKS</u>		11b. MOTHER'S MAIDEN NAME <u>MARY MCPIKE</u>	11c. NAME OF HUSBAND OR WIFE <u>VERA BANKS</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>493-28-7233</u>	12c. INFORMANT <u>VERA BANKS</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro Vascula Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
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)	
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.)		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	
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 <u>1 Aug. 63</u> to <u>15 Aug 63</u> and last saw him alive on <u>14 Aug 63</u>		Death occurred at <u>D.O.A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John W. Will</u> D.O.		22b. ADDRESS <u>Lewistown Mo</u>	
22c. DATE SIGNED <u>17 Aug 63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>8/18/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>LEWISTOWN MISSOURI</u>		24. DATE RECD. BY LOCAL REG. <u>8-20-'63</u>	
25. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>		26. FUNERAL DIRECTOR <u>Charles Arnold</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 28 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

*Charles L. Arnold*

Licensed Embalmer No. 4667

P.O. Address LEWISTOWN, 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.