

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044569

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

172

Primary Registration District No.

4272

Registrar's No.

83

FILED DEC 4 1963

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (if outside corporate limits, give TOWNSHIP only)

WAVERLY

Length of stay in 1b

5 MINUTES

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

KELLING HOSPITAL

Inside Limits
Yes ☒ No ☐

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

a. STATE

KANS.

b. COUNTY

JOHNSON

c. CITY OR TOWN

OVERLAND PARK

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

6106 FOSTER

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

HELEN FRANCES BANKS

4. DATE OF DEATH

DEC. 1 1963

5. SEX

FE.

6. COLOR OR RACE

WHITE

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3-25-1917

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months Days Hours Min.

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

LAB. TECHNICIAN

10b. KIND OF BUSINESS OR INDUSTRY

BIOLOGICAL LAB.

11. BIRTHPLACE (City and state or country)

CHICAGO, ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LEON PAPRZYCA

13b. MOTHER'S MAIDEN NAME

MARIE

14. NAME OF HUSBAND OR WIFE

JAMES S. BANKS SR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

325-01-5647

17. INFORMANT

MISS ELAINE BANKS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1 FY mandible & brain injury
FY ribs left chest Shock

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)

Motor Car Collision on 24 Highway

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.)

Motor Car Collision

20c. TIME OF INJURY

Hour Month, Day, Year

Waverly Lafayette Co Mo

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.)

10244 9 9 miles West Waverly

20f. CITY, TOWN, OR LOCATION

Waverly Lafayette Co Mo

COUNTY

JOHNSON

STATE

MO

21. I attended the deceased from

after death

to

and last saw her alive on

never

Death occurred at

12:20 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. E. Martin

Coroner

22b. ADDRESS

Odena Mo.

22c. DATE SIGNED

12-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-2-1963

23c. NAME OF CEMETERY OR CREMATORY

unknown

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

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Butler Funeral Home, Kansas City, Kans.

25. DATE RECD. BY LOCAL REG.

Dec. 2. 63

26. REGISTRAR'S SIGNATURE

Lutie B. Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0540

2 8150

3

4 1

5 1

6

7 1

8 2

9 1

10

11 054

12 1-3

13 2-0

DEC 6 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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.