

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15722

FILED MAY 17 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark		b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Kilgore		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS (If rural, give location) Rt #1 Corning, Ark				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MARCUS c. (Last) BANKS			4. DATE OF DEATH (Month) (Day) (Year) May 6 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 9, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME James A. Banks		13b. MOTHER'S MAIDEN NAME Sarah Lowery		
14. NAME OF HUSBAND OR WIFE Clara (Wiedeman) Banks		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. none		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS James E. Banks (son) Corning, Ark.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident				INTERVAL BETWEEN ONSET AND DEATH 6 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>5/1/</u> 19 <u>51</u> , to <u>5/6/</u> 19 <u>51</u> , that I last saw the deceased alive on <u>5/6/</u> 19 <u>51</u> and that death occurred at <u>7:00 pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Wm. H. Johnson, M.D.		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 5/8/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 7/51		24c. NAME OF CEMETERY OR CREMATORY Richwoods		
24d. LOCATION (City, town, or county) (State) Clay County, Ark		DATE REC'D BY LOCAL REG. May 8-1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		
24e. FUNERAL DIRECTOR'S SIGNATURE Irby Funeral Service		ADDRESS Corning, Ark				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 15 1951

BUTLER CO. HEALTH CENTER

FILE No. 567-212

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard O. Gomez

Licensed Embalmer No. 782

P. O. Address Conning A

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 this body is not embalmed, fact should be so stated above.