

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32142**

FILED OCT 5 1951

BIRTH NO. *174* REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3298**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0390	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) Route #3 - Box 247	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Frances	b. (Middle) Clara	c. (Last) Banks	4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Days 1	IF UNDER 4 HRS. Hours 25	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank Chalfant	13b. MOTHER'S MAIDEN NAME Mary Considine	14. NAME OF HUSBAND OR WIFE John Paul Banks
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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 Mr. John Paul Banks, husband, Rt. 3, Box 247, Springfield, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy DUE TO (c) 465X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis		Abt. 8 wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 24 19 51** to **Oct. 1 19 51**, that I last saw the deceased alive on **Sept. 29, 1951**, and that death occurred at **2:55A** m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Lytton, M.D. (Degree or title)	23b. ADDRESS 7301 St. Charles Rk. Rd.	23c. DATE SIGNED 10-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-1-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 10-1-51	REGISTRAR'S SIGNATURE Herbert P. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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MAR 20 1953

JAN 6 1954

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 J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.