S. No. 300
v. 10.48

FILED AUG 18 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27163

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 836

**1. PLACE OF DEATH**
a. COUNTY: Buchanan 0 117 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Metho. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew 06 [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolckow /
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): NEALY
b. (Middle):
c. (Last): BANKS

**4. DATE OF DEATH** (Month) (Day) (Year): July 31, 1952

**5. SEX**: Male ♂
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: July 23, 1882
**9. AGE** (In years last birthday): 70 — If under 1 year: Months 0 Days 8 — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Matfield Green, Kansas /
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Thomas Banks
**13b. MOTHER'S MAIDEN NAME**: Rachial Bray
**14. NAME OF HUSBAND OR WIFE**: Ludia Banks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 493-14-6663
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs Ludia Banks, Bolckow, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Surgery for Ruptured Peptic Ulcer — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Peritonitis — 5 days

**19a. DATE OF OPERATION**: 7-27-52
**19b. MAJOR FINDINGS OF OPERATION**: Ruptured Duodenal Ulcer c̄ Peritonitis
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**: 5411

22. *I hereby certify that I attended the deceased from* July 26, 19 52, *to* July 31, 19 52, *that I last saw the deceased alive on* July 30, 19 52, *and that death occurred at* 3:20A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Gilbert B. Kelly M.D.
**23b. ADDRESS**: Savannah, Mo.
**23c. DATE SIGNED**: 8-1-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-3-52
**24c. NAME OF CEMETERY OR CREMATORY**: Bolckow
**24d. LOCATION** (City, town, or county) (State): Bolckow, Missouri.

DATE REC'D BY LOCAL REG.: August 11, 1952
REGISTRAR'S SIGNATURE: Carl C. Cusick
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 _____
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sacramento 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 this body is not embalmed, fact should be so stated above.