

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26284

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 898

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 20 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 306 Alabama St. 01170	

3. NAME OF DECEASED (Type or Print) JOHN JAMES JOHN			a. (First)		b. (Middle)		c. (Last) BANKS		4. DATE OF DEATH (Month) (Day) (Year) 8 10 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-7-1907			9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY Modern Motors				11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles O. Banks			13b. MOTHER'S MAIDEN NAME ELETHA WANDLING			14. NAME OF HUSBAND OR WIFE Hazel Banks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 507-05-1154			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Banks, 306 Alabama St., City		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 5 days	
<p><i>These words do not mean the manner of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion with Atelectasis (Pneumonia, bilateral)								unknown	
		ANTECEDENT CAUSES								ukn.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aplastic anemia DUE TO (c) Hypersplenism								ukn.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 8-3-54		19b. MAJOR FINDINGS OF OPERATION left nephrectomy & spleenectomy						20. AUTOPSY? YES <input checked="" 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 7-22, 1954, to 8-10, 1954, that I last saw the deceased alive on 8-10, 1954, and that death occurred at 3:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clara W. Slary MD</i>			23b. ADDRESS Tootle Building St. Joseph, Missouri			23c. DATE SIGNED 8-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-54		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. Aug 18, 1954		REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>			485 FUNERAL DIRECTOR'S SIGNATURE <i>John L. ...</i>		ADDRESS St. Joseph, 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 _____

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.