

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32873**

FILED OCT 1 - 1956

BIRTH NO. **67368-56** REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **4504** Registrar's No. **22**

1030

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Advance</b>		c. CITY OR TOWN <b>Bill City</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Master Merrill Clinic</b>		e. STREET ADDRESS (If rural, give location) <b>Rt 1, 1020</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Infant</b>	b. (Middle)	c. (Last) <b>BANKS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-18-56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>9-18-54</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Advance, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Rogers Banks</b>	13b. MOTHER'S MAIDEN NAME <b>Virgin Lee Sims</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE (OR NAME) <b>Rogers Banks</b>	ADDRESS <b>Bill City, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis &amp; Immaturity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Spontaneous Abortion</b>		<b>7 Hrs</b>
	DUE TO (c) <b>Extreme Physical Exertion</b>		<b>9 Hrs</b>
II. 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 <b>7625</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **10:30 P.M., 18 Sept 1956** to **6:00 A.M., 19 Sept 56** that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Merrill D.</b>	(Degree or title) <b>D.</b>	23b. ADDRESS <b>Advance, Missouri</b>	23c. DATE SIGNED <b>19 Sept 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pilgrum Rest</b>	24d. LOCATION (City, town, or county) (State) <b>Scott Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-19-56</b>	REGISTRAR'S SIGNATURE <b>Bernice Moore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Morgan</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Wm H. Meyer

Licensed Embalmer No. .... 169

P. O. Address..... Advan

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.