

FILED NOV 21 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43321

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 96

|   |                               |   |  |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Washington</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Breton Twp.</b>   |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <b>Iron Township</b> <u>09</u>                         |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 mi. S. Potosi</b>  |                               | Length of stay in 1b<br><b>min.</b>   | d. STREET ADDRESS <b>1 mi. S. of Bismarck</b>                          |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ALFRED</b> Middle <b>MELVIN</b> Last <b>PANKEY</b>  |                               | 4. DATE OF DEATH <b>Nov. 16, 1957</b>   |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 29, 1904</b>                                  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>   | 11. BIRTHPLACE (City and state or country) <b>Reynolds County, Mo.</b> |
| 13. FATHER'S NAME <b>Frank H. Bankey</b>  |                               | 14. MOTHER'S MAIDEN NAME <b>Mary Wells</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. <b>486-16-9825</b>  | 17. INFORMANT <b>Wilma Dixon, Springfield, Ill</b>                     |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Accident in automobile</b><br>DUE TO (b) <b>Brain concussion</b><br>DUE TO (c) <b>fracture skull</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                               |   | INTERVAL BETWEEN ONSET AND DEATH                                       |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>auto accident</b>   |  |
| 20c. TIME OF INJURY<br>Hour <b>11:45</b> Month <b>11</b> Day <b>16</b> Year <b>57</b><br>a. m. <b>P.M.</b>  |                               |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5 mi. south Potosi</b>   | 20f. CITY, TOWN, OR LOCATION <b>Wash</b> COUNTY <b>Mo.</b> STATE       |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>11:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |
| 22a. SIGNATURE (Degree or title) <b>R. J. Gibbons Coroner</b>   |                               | 22b. ADDRESS <b>3 Potosi, Mo.</b>   | 22c. DATE SIGNED <b>11-18-57</b>                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   | 23b. DATE <b>11-20-57</b>     | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State) <b>Sullivan, Mo.</b>     |
| 24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>11/18/57</b>  | 26. REGISTRAR'S SIGNATURE <b>Herbert Kudal</b>                         |

Annet White

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1958

DEC 17 1957

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 .....  
Signature of Student Embalmer

Signed *Orisette T. White* .....

Licensed Embalmer No. 3012

P. O. Address Ironton, Md

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.

TE/BM