

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010241  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 240 Primary Registration District No. 5826 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY OR TOWN <b>HOWARDVILLE</b> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <b>HOWARDVILLE</b> <small>0720</small>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ED</b> Middle <b>BANKSTON</b> Last <b>BANKSTON</b>			4. DATE OF DEATH <b>MARCH 23, 1959</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 25, 1904</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. 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>COMMON LABOR</b>	11. BIRTHPLACE (City and state or country) <b>CRYSTAL SPRINGS, MISS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>WIGGINS BANKSTON</b>		13b. MOTHER'S MAIDEN NAME <b>LAUELLA MATHES</b>		14. NAME OF HUSBAND OR WIFE <b>BARNETT BANKSTON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>4500</b>		17. INFORMANT <b>BARNETT BANKSTON</b> Address <b>HOWARDVILLE, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days +</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis, Generalized</b>		DUE TO (c) <b>?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>19 March 59</b> , to <b>19 March 59</b> and last saw him alive on <b>19 March 59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <b>Charles Chubb</b> (Dress or title)		22b. ADDRESS <b>New Madrid, Mo</b>		22c. DATE SIGNED <b>25 Dec 59</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MARCH 28, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MORGAN RIDGE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CARLITHERSVILLE Mo.</b>	
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24. FUNERAL DIRECTOR <b>DELISLE FUNERAL PARLOR</b> ADDRESS <b>PORTAGEVILLE, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-3-59</b>		26. REGISTRAR'S SIGNATURE <b>H.L. Gonder Deputy.</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 30 1967

A. J. S.

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 Joseph A. McLaughlin

Licensed Embalmer No. 7481

P. O. Address PORTACKVILLE, I

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.