

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031216

FILED VS AUG 17 1960

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 24

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELSBERRY</u>		Length of stay in 1b <u>—</u>		c. CITY OR TOWN <u>CLARKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>—</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>KATIE</u> Middle <u>CLYDE</u> Last <u>BANHEAD</u>				4. DATE OF DEATH <u>JULY 29</u> 1960 Month <u>JULY</u> Day <u>29</u> Year <u>1960</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-11-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>		11. BIRTHPLACE (City and state or country) <u>PAYNESVILLE</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CARY BANKHEAD</u>			13b. MOTHER'S MAIDEN NAME <u>AMANDA ERRETT</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>MISS BESS BANKHEAD, CLARKSVILLE, MO</u>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 WK.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ to <u>7-29-60</u> and last saw her alive on <u>7-24-60</u> Death occurred at <u>7:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>[Signature]</u>			22c. DATE SIGNED <u>7/30/60</u> (Date)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JULY 31, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN WOOD CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CLARKSVILLE MO</u> (State)				
24. FUNERAL DIRECTOR <u>BANKHEAD CHAPEL, BOWLING GREEN, MO</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>8/1/1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kuntz</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 17 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold C. Kups

Licensed Embalmer No. 4597

P. O. Address Bowling

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.