# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015275

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 139

FILED APR 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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| 1 | 0201 |
| 2 | 02012 |
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| 4 | 1 |
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| 12 | 90-2 |
| 13 | 1-0 |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs — Length of stay in 1b: 29 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 204 E Fields Blvd — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 310 Hightower — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Abbe — Middle: Mae — Last: Banks

4. DATE OF DEATH: Month: Apr — Day: 12 — Year: 1963

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: July 27 1877

9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Boonville Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Sam F. Taylor

13b. MOTHER'S MAIDEN NAME: Ella Burdette

14. NAME OF HUSBAND OR WIFE (Deceased): Samuel G. Banks, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi[illegible]): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Burdette Banks, El Dorado Springs — Address: 220 Hightower

18. CAUSE OF DEATH (Enter only one cause per line [illegible])

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Bleeding duodenal ulcer & Senility

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 7/16/61 to 4/12/63 and last saw her alive on 4/12/63

Death occurred at 7:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm C Sunderwirth, D.O.

22b. ADDRESS: ElDorado Springs, Missouri

22c. DATE SIGNED: 4/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Apr-15-1963

23c. NAME OF CEMETERY OR CREMATORY: Clintonville Cemetery

23d. LOCATION (City, town, or county) (State): South of El Dorado Springs Mo.

24. FUNERAL DIRECTOR — ADDRESS: Melvin L. Janssens, El Dorado Springs

25. DATE RECD. BY LOCAL REG.: 4-15-63

26. REGISTRAR'S SIGNATURE: Joe E. Durham pert. Mo

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Permit obtained 4-15-65

**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 Melvin T. Janssen

Licensed Embalmer No. 4529

P. O. Address El Dorado Springs

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.