

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21179**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **206**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY RAVEN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN New London	
d. FULL NAME OF HOSPITAL OR INSTITUTION Black Nursing Home		e. STREET ADDRESS (If rural, give location) 08701	

3. NAME OF DECEASED (Type or Print) a. (First) SELMA b. (Middle) P c. (Last) BANKHEAD			4. DATE OF DEATH (Month) (Day) (Year) June 19 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH MAY 10 1870		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 1 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Business		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PIKE CO. MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CHARLES SUPPHAN			
13b. MOTHER'S MAIDEN NAME PAULINE WAGGONER		14. NAME OF HUSBAND OR WIFE JOHN NAPPER BANKHEAD			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles A Bankhead	
(If yes, give war or dates of service)				ADDRESS New London	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6/18/56	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis DUE TO (c) senility					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extensive pulmonary edema and blood stained mucus							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **6/18, 1956**, to **6/19, 1956**, that I last saw the deceased alive on **6/19, 1956**, and that death occurred at **4:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam A. Buchanan D.O.		23b. ADDRESS 2504 Broadway Hannibal Mo		23c. DATE SIGNED 6/19/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21 1956		24c. NAME OF CEMETERY OR CREMATORY St John	
24d. LOCATION (City, town, or county) (State) Cuba Pike Co Mo					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6/19/56		25. FUNERAL DIRECTOR'S SIGNATURE Walter Lucke		ADDRESS Walter Lucke, Rte 1, Hannibal, Mo	
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RECEIVED JUN 21 1956
MARION CO. HEALTH DEPT.
DATE FILED JUN 21 1956

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 *Harold C. Kiser*

Licensed Embalmer No. *457*

P. O. Address *Paulina*

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.