

FILED MAY 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0021255

CERTIFICATE OF DEATH

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 52DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Jay Williams BANKS			2. male	3. May 18, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. white		5a. 50	5b.	5c.	6. Nov. 17, 1917		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Stella			7b. yes	7c. Cardwell Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Widowed		11.	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. unknown			13a. farmer		13b. farm		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Missouri		14b. McDonald	14c. Pineville		14d. no	14e.	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. Lott B. Banks			16. Rilda Mahurin				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Hazel Schrader				17b. Route Washburn, Missouri 65772			
PART I. DEATH WAS CAUSED BY:				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) Myocardial Decompensation							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Arteriosclerotic Heart Disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
Probable Intestinal Carcinoma with Hemorrhage							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20b.		20c.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21b. 10:20 PM
21a. I ATTENDED THE DECEASED FROM		21c. May 18, 1968	21d. May 18, 1968	21e. May 18, 1968	21f. Not	21g.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22.							
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. S. D. Fountain, D.O.			23b. [Signature]		23c. 5-22-1968		
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP		
23a.			23b. Noer, Missouri		23c. 644854		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Dent Cemetery		24c. Washburn, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. May 21, 1968		24e. Culver's P.O. Box 266 Cassville, Missouri 65625					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Margaret C. Henbest		25b. [Signature]		25c. 5-24-68			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0600

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0

10a. 50

10b.

11. 0

12. 2

13. 4123

14. 8

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

4. 0730

5. 1

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo

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.