

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12111

| | | | | |
|--|--------------------------------------|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 121 | PRIMARY REG. DIST. NO. 5458 | Registrar's No. 24 |
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | |
| a. COUNTY Greene | | a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walnut Grove Twpshp | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Walnut Grove Township | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route # 1 Walnut Grove, Mo. | | d. STREET ADDRESS (If rural, give location) Route # 1 Walnut, Grove, Mo. | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | |
| a. (First) Maude | | | b. (Middle) Banghart | |
| c. (Last) Banghart | | | Month Day Year April 7, 1949 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 4, 1876 | 9. AGE (In years last birthday) 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Dodge County, Neb. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Maude Parrish | 14. NAME OF HUSBAND OR WIFE X | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Address Alonzo Banghart, Rt #1 Walnut Grove | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANGINA PECTORIS | | II. OTHER SIGNIFICANT CONDITIONS | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| | | DUE TO (b) CORONARY THROMBOSIS | | |
| | | DUE TO (c) | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 MARCH 17, 1949, to APRIL 6th, 1949, that I last saw the deceased alive on APRIL 6, 1949, and that death occurred at 3:30 p. m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) | | 23b. ADDRESS | | 23c. DATE SIGNED |
| W. H. Wilson, M.D. | | WALNUT GROVE, MISSOURI. | | APR 11-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/10/49 | 24c. NAME OF CEMETERY OR CREMATORY Eastlawn | 24d. LOCATION (City, town, or county) (State) Springfield, Mo. | |
| DATE REC'D BY LOCAL REG. 4/13/49 | REGISTRAR'S SIGNATURE Drew B. Wilson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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0039
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4202

RECEIVED

Greene County Health Office,

County File Number 49-30-4

Date Filed 4-18-49

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

Student Embalmer

Signed Walter E. Hammett

Licensed Embalmer No. 3808

P. O. Address Springfield

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 this body is not embalmed, fact should be so stated above.