

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12197

BIRTH NO. _____		REG. DIST. NO. 382		PRIMARY REG. DIST. NO. 5548		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE YRS</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 1/2 miles East Glasgow</u>				d. STREET ADDRESS (If rural, give location) <u>7 1/2 miles E. Glasgow</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH THEODORE BANGE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 13, 1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY B. BANGE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA KOHN</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE STOCKMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary M. Bange Glasgow MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Howard County, MO.</u>		21c. HOW DID INJURY OCCUR? _____			
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 <u>2:00</u> <u>19</u> , to <u>5:00</u> <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1:00</u> <u>A</u> m., from the causes and on the date stated above.						23a. SIGNATURE (Degree or title) <u>J. H. Cuddeley, M.D.</u>	
23b. ADDRESS <u>Glasgow, MO</u>		23c. DATE SIGNED <u>5-2-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>MAY 3 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>GLASGOW MO.</u>			
DATE REC'D BY LOCAL REG. <u>May 2, 49</u>		REGISTRAR'S SIGNATURE <u>Walker Cuddeley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cuddeley - Fremont Glasgow MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-10-79

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.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, N.Y.

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.