

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27155

FILED AUG 31 1949

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>148</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give town or town Carthage c. LENGTH OF STAY (In this place) <u>35 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1831 S. Main St. /</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> d. STREET ADDRESS (If rural, give location) <u>1831 S. Main St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUNICE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>BANGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1949</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 7, 1857</u>		
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Pike County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Williams</u>			13b. MOTHER'S MAIDEN NAME <u>unknown Strother</u>		14. NAME OF HUSBAND OR WIFE <u>J. R. Bangs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Swarens, 1800 S. Maple, Carthage</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>weeks?</u> <u>2-3 years?</u> <u>572X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>January, 1948</u> , to <u>August, 1949</u> , that I last saw the deceased alive on <u>August 20, 1949</u> , and that death occurred at <u>4:30a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Charles F. Seel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>201 W. 3rd, Carthage, Mo.</u>		23c. DATE SIGNED <u>8/22/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 23-49</u>		REGISTRAR'S SIGNATURE <u>L. C. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Carthage, Mo.</u>		

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

RECEIVED 8-30-49

Jasper County Health Office

County File Number 49-8-670

Date Filed 8-30-49

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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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