

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21053

State File No.

FILED JUL 26 1955

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5715 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Water</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>P</u>
c. LENGTH OF STAY (in this place) <u>Life</u>		f. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mathilda</u>	b. (Middle) <u>Moeller</u>	c. (Last) <u>Bangert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</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>June 9 1860</u>	9. AGE (In years last birthday) <u>95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Christain F. Moeller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sewing</u>	14. NAME OF HUSBAND OR WIFE <u>Fredrick Bangert</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 <u>Robert Bangert</u> ADDRESS <u>Sedgewickville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u> DUE TO (c) <u>447x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1954 to July 2nd, 1955, that I last saw the deceased alive on June 22nd, 1955, and that death occurred at 4302 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. Critch M.D.</u>	23b. ADDRESS <u>Sedgewickville Mo</u>	23c. DATE SIGNED <u>7/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 4 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Friedheim Mo.</u>

DATE REC'D BY LOCAL REG. <u>July 20 1955</u>	REGISTRAR'S SIGNATURE <u>William Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young Bros</u> ADDRESS <u>Rayville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Wallace Young

Licensed Embalmer No. 70

P. O. Address *Perryman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.