

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 NATIONAL BUREAU OF VITAL STATISTICS  
 BUREAU OF HEALTH SERVICES  
 NATIONAL CENTER FOR HEALTH STATISTICS  
 NATIONAL CENTER FOR HUMAN REPRODUCTION  
 NATIONAL CENTER FOR VITAL STATISTICS  
 NATIONAL CENTER FOR ZOOLOGICAL AND PHYSIOLOGICAL RECORDS  
 NATIONAL CENTER FOR ZOOLOGICAL AND PHYSIOLOGICAL RECORDS

-60-039427

UNRECORDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 417 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo</u> b. COUNTY <u>St Francois</u> (Session)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b ---	c. CITY OR TOWN <u>St Francois</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Bonne Terre Hospital</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Harry Lawrence Bangert</u>			4. DATE OF DEATH Month Day Year <u>Oct 21, 1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21, 1960</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Edmond Bangert</u>	13b. MOTHER'S MAIDEN NAME <u>Suzanne Donnelly</u>	14. NAME OF HUSBAND OR WIFE ---
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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. ---	17. INFORMANT Address <u>Edmond Bangert, Bonne Terre, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydrops fetalis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Escherichia coli</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>Oct 21, 1960</u> to <u>Oct 21, 1960</u> and last saw <sup>her</sup> him alive on <u>Oct 21, 1960</u> Death occurred at <u>age 20 minutes</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>F. Richard Couch M.D.</u>	22b. ADDRESS <u>Farmington Mo.</u>	22c. DATE SIGNED <u>10-26-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 22, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>C.Z. Boyer &amp; Son, Inc. Bonne Terre, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 26, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redlaff</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Burlin T Boyer, Jr, Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.