

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013540

AMENDED

FILED MAY 1 1961

140

Primary Registration District No.

3024

Registrar's No.

47

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Length of stay in 1b. <u>4 years</u>		c. CITY OR TOWN <u>Glasgow</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rhodes Nursing Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7 miles east of Glasgow</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>William</u> Last <u>BANGE</u>				4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1961</u>			
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>Nov. 14, 1886</u>	
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and state or country) <u>Wien Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Bernard Henry Bange</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Kuhn</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>Yes W. W. I.</u>				16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT <u>George Bange</u> Address <u>Glasgow Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
DUE TO (b) <u>Acute cardiac decompensation</u>							
DUE TO (c) <u>Cardiac failure</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
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 checked="" 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	
21. I attended the deceased from <u>April 19-61</u> to <u>April 21-61</u> and last saw her/him alive on <u>April 19-1961</u> Death occurred at <u>3:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Mr. J. Shaw M.D.</u> (Degree or title)				22b. ADDRESS <u>Fayette, Mo.</u>		22c. DATE SIGNED <u>4-27-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Apr. 24, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>	
FUNERAL DIRECTOR <u>Truimoth Funeral Service</u>		ADDRESS <u>Glasgow Mo.</u>		25. DAY RECD. BY LOCAL REG. <u>4-27-61</u>		26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>	

MAY 2 1961

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 *E. W. Triemont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.