MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007401

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. ____ Registrar's No. 33

AMENDED

FILED FEB 21 1962

1. PLACE OF DEATH
a. COUNTY Perry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central TWP — Length of stay in 1b: 4 Yrs.

c. CITY OR TOWN Perryville — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Lawn Nurs. Home — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) South Main St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John, Middle Fredrick, Last Bangert

4. DATE OF DEATH: Month Feb., Day 12, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-7-92

9. AGE (last birthday): 69

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): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Bollinger County

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Bangert

13b. MOTHER'S MAIDEN NAME: Hahna Seabaugh

14. NAME OF HUSBAND OR WIFE: Anna Kaiser Bangert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi: WW1

16. SOCIAL SECURITY NO.:

17. INFORMANT: Doris Nations — Address: Perryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral apoplexy

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Prostatic Paralysis

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1954, to 2/12/62 and last saw ~~her~~ him alive on 2/12/62

Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C M Wiedeman (Degree or title) DO

22b. ADDRESS Perryville Mo

22c. DATE SIGNED 2-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-14-1962

23c. NAME OF CEMETERY OR CREMATORY: Whitewater Presbyterian

23d. LOCATION (City, town, or county): Bollinger Co. (State): Mo.

24. FUNERAL DIRECTOR: Young & Sons — ADDRESS: Perryville Mo

25. DATE RECD. BY LOCAL REG.: 2-17-62

26. REGISTRAR'S SIGNATURE: Joe J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 1 1962

FEB 1962

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 Edward O'Young

Licensed Embalmer No. 2138

P. O. Address Perry Villa Mu

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.