MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048052
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 306

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10928
20570
3
4 1
5 0
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7 0
8 1
9 7511
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12 1-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri *b. COUNTY: Lincoln
c. CITY OR TOWN: Elsberry
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 719 W. Lincoln
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Elizabeth Last: Bange

4. DATE OF DEATH: Month: December Day: 16 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-15-1962

9. AGE (last birthday) IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: 22 Min.: 20

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): St. Charles mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Bernard Micheal Bange

13b. MOTHER'S MAIDEN NAME: Donna Marie Bray

14. NAME OF HUSBAND OR WIFE:

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

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Donna Bray Bange Elsberry mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pierce Lobin Defect, Encephalo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coeke, Meningocoele Cleft
DUE TO (c): Palate

INTERVAL BETWEEN ONSET AND DEATH:

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 12-15-62 to 12-16-62 and last saw her/him alive on 12-16-62
Death occurred at 7:30 AM 12-16-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O.W. Farmer MD

22b. ADDRESS: 1141 Main St. Charleston

22c. DATE SIGNED: 12-16-62

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

23b. DATE: Dec 18, 1962

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Elsberry mo

24. FUNERAL DIRECTOR ADDRESS: Ricks Funeral Home Elsberry mo

25. DATE RECD. BY LOCAL REG.: Dec 17, 1962

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side) 12/17

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 not embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4017

P. O. Address Elsberry, 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.