

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **205**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lees Summit 1000	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) R#1. Lees Summit, Missouri.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Wilma	b. (Middle) Downey	c. (Last) Bangerter	4. DATE OF DEATH (Month) (Day) (Year) January 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 25, 1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Mill Grove, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Renfro	13b. MOTHER'S MAIDEN NAME Joan Weldon	14. NAME OF HUSBAND OR WIFE Charles Bangerter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) *****	17. INFORMANT'S SIGNATURE OR NAME Charles Bangerter	ADDRESS Lees Summit, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days - 7 days -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia	DUE TO (b) Influenza	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1/16**, 19**54**, to **1/17**, 19**54**, that I last saw the deceased alive on **1/16**, 19**54**, and that death occurred at **1:15 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Nardigan, M.D.	23b. ADDRESS 670 Francis St., St. Joseph, Mo.	23c. DATE SIGNED 1/18/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Sharon Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Moriah, Missouri.
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DATE REC'D BY LOCAL REG. Jan 20, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Mewhoff - Feldman, Inc.	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

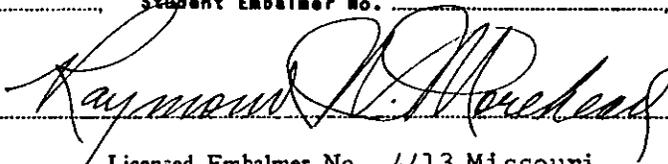
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4113 Missouri.

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.