

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014582

STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bismarck, Mo.</b>		c. CITY OR TOWN <b>Bonne Terre, Mo.</b> <sup>0991</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>Desoto Road</b>	
Length of stay in lb <b>7 Months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Henry Fredrick Bangert</b>			4. DATE OF DEATH <b>April 12 1959</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>3-2-1874</b>		
9. AGE (In years last birthday) <b>85</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Cape County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Charles Bangert</b>		
14. MOTHER'S MAIDEN NAME <b>Caroline Wilke</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT <b>Herbert Bangert, Bonne Terre, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Thrombotic encephalomalacia</b>		<b>7 mo</b>
DUE TO (c) <b>Arteriosclerosis</b>		<b>yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>332x</b>		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 <b>9</b> Month, Day, Year a. m. <b>30</b> p. m.		
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 <b>9-17-58</b> to <b>4-12-59</b> and last saw <sup>with</sup> him alive on <b>4-12-59</b>		
Death occurred at <b>9-30</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>R. A. Hendigate D. O.</b>	22b. ADDRESS <b>Bismarck, Mo.</b>	22c. DATE SIGNED <b>4-15-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>4-15-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sargent Chapel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedgwickville, Mo</b>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR <b>Sparks Funeral Home, Bonne Terre, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 17 1959</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

---

---

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 *Murphy Sparks*.....  
Licensed Embalmer No. *423*  
P. O. Address *Flat Room*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.