

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35662
Do not use this space.

1. PLACE OF DEATH 2

(a) County CALHAWAY Registration District No. 106
 (b) Township Union Primary Registration District No. 5155 Registered No. 29
 or City STEEDMAN (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 524 Gotthier BINGELEI

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	90	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired FARMER

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berne
Switzerland

FATHER

13. NAME CHRISTIAN BINGELEI

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Elizabeth NYDEGGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) John KREBS
STEEDMAN, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE STEEDMAN DATE Oct. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Marston
700 Court St. Fulton, Mo.

20. FILED Oct 4, 1939 W. Williamson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-2-1939

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939 to Oct 2, 1939
 I last saw him alive on Oct 2, 1939. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Specific Contracting of Coronary Arteries of Heart.
121
 Other contributory causes of importance: Chronic Nephritis arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. O. Payne, M. D.
 (Address) R. 7-6 Fulton

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.....

John D. Batchelder....., Registered Apprentice No. *192*
working under my personal supervision.

Signed *Glen Y. Mainpain*.....

Licensed Embalmer No. *2925*.....

P. O. Address *Fulton, 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 this body is not embalmed, above space should be left blank.