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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2304

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 19

26
54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 75

(c) City or town Eugene Mo Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Gloria Mae Binkley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 13th (Month) 1930 (Day) (Year)

8. AGE: Years 10 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Eugene (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John Logan Binkley
13. Birthplace Eugene, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Annetta Jenkins
15. Birthplace Eugene (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J. L. Binkley
(b) Address Eugene, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Garden

18. (a) Signature of funeral director G. N. Steffens
(b) Address Russellville, Mo.

19. (a) 1-25-41 (Date received local registrar) (b) D. W. Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 22-1941 3:45 pm, 19, to Jan 24, 1941
that I last saw h alive on Jan 24 1940 6 Am, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis — Duration 3
following Scarlet Fever 1/22-41
Albuminuria

Due to 3 3/8 Pb

Due to

Other conditions Cardiac Failure 1/25-41
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. B. Hanson M.D. (M. D. or other)
Address Jefferson City Date signed 1/25-41

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

.....t....., Registered Apprentice No.....

working under my personal supervision.

Signed. Roy O. Steffens

Licensed Embalmer No. 4022

P. O. Address. Russellville

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.