

FILED JUN 29 1948

State File No. \_\_\_\_\_

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 106

1. PLACE OF DEATH:

(a) County VERNON  
(b) City or town NEVADA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NEVADA CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
In this community 44 YEARS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON / 08  
(c) City or town METZ 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NICHOLAS JOHN BINGLE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife DOROTHY M. BINGLE 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased JANUARY 20 1978  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace VIEANA AUSTRIA  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name PHILLIP BINGLE //  
13. Birthplace MAMAROCK AUSTRIA  
(City, town, or county) (State or foreign country)  
14. Maiden name JULIA TURIO  
15. Birthplace BUDIPEST AUSTRIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. NICHOLAS BINGLE

(b) Address METZ, MISSOURI

17. (a) BURIAL (b) Date thereof JUNE 18 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRYOR CREEK

18. (a) Signature of funeral director Booth's

(b) Address Rich Hill, Missouri

19. (a) 6-23-48 (b) Nathaniel Yancy  
(Date received local registrar) (Registrar's signature) 331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16  
year 1948 hour ONE minute 05 P.M.

21. I hereby certify that I attended the deceased from Apr. 27 1948 to June 16 1948  
that I last saw him alive on June 16-48 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease & left ventricular failure Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. B. Carter Davis (M. D. or other) \_\_\_\_\_

Address Nevada, Mo. Date signed 6-18-48

AUG 7 1948  
AUG 24 1948

RECEIVED  
District Health Officer N  
District File Number 5-48-6  
Date Filed 6-28-48

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.....

*Robert J. Steinbeck*....., Registered Apprentice No. *200*  
working under my personal supervision.

Signed *John G. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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