

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4342

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 24 PRIMARY REG. DIST. NO. 5-298 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lafayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lafayette</u>	
c. LENGTH OF STAY (in this place) <u>8.5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>10 Mi N.W. Plattsburg, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Binstead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-7-1864</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Emmanuel Binstead</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA Binstead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Binstead</u>		ADDRESS <u>Plattsburg, MO.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>34X</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan 30, 1949</u> , to <u>Feb 18, 1949</u> , that I last saw the deceased alive on <u>Feb 14, 1949</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.B. Shalinski</u>		23b. ADDRESS <u>MO Plattsburg Mo</u>	
23c. DATE SIGNED <u>Feb 19 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-20-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 19 1949</u>		REGISTRAR'S SIGNATURE <u>Emmie Chastano</u>	
5386		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	
		ADDRESS <u>Plattsburg, MO.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

MAR 9 1949

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.

Signed.....  
Student Embalmer

Signed Daniel W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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, fact should be so stated above.