

FILED MAY 11 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11990

State File No.

 BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 18

36 0 0				1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)						
a. COUNTY Franklin				a. STATE Missouri				b. COUNTY Franklin						
b. CITY (If outside corporate limits, write RURAL and give town) Sullivan, Rural				c. LENGTH OF STAY (in this place) 2 Days				c. CITY (If outside corporate limits, write RURAL and give township) Sullivan Stanton, Mo.						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meramec TWA</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) Ellen			b. (Middle) Josephine			c. (Last) Binsbacher			4. DATE OF DEATH (Month) (Day) (Year) Apr. 29 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 7, 1874		9. AGE (10 years last birthday) 74		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 22		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (State or foreign country) Franklin Co. Missouri.				12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Wm. Anderson				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Deceased.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Dewey Binsbacher				ADDRESS Stanton, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>								<u>2 1/2 hrs</u>		
				ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>								<u>years</u>		
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arteriosclerosis</u>								<u>years</u>		
				II. OTHER SIGNIFICANT CONDITIONS <u>Obesity</u>								<u>4 1/2 yr</u>		
19a. DATE OF OPERATION				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)			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>1940</u> to <u>4-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>C. A. Tractor</u> (Degree or title) <u>MD</u>						23b. ADDRESS Sullivan, Mo.			23c. DATE SIGNED Apr. 30,					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanton Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Stanton, Missouri.</u>							
DATE REC'D BY LOCAL REG. <u>Apr. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>C. A. Tractor</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. P. Hoffman</u>			ADDRESS <u>Sullivan, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

MAY 12 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 _____

TOMMY A. HUMPHREY,

Student Embalmer No. 316

working under my personal supervision.

Student J. A. Humphrey
Student Embalmer

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, Missouri.

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.