

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3890

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 165

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2203 Circle, Drive</u> | |

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|--|--------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | b. (Middle) <u>Allan</u> | c. (Last) <u>Bing Sr.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1950</u> |
|--|--------------------------|---------------------------|--|

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|--------------------|--------------------------------|---|--|---|------------------------|------------------------|------|
| 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>March 27, 1897</u> | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|--------------------|--------------------------------|---|--|---|------------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Division Paint Foreman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q Railroad</u> | 11. BIRTHPLACE (State or foreign country) <u>Cameron, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles C. Bing</u> | 13b. MOTHER'S MAIDEN NAME <u>Em Eunice First</u> | 14. NAME OF HUSBAND OR WIFE <u>Betty Bing</u> |
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|---|---------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>-- NO.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles A. Bing Jr.</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ruptured Aortic aneurysm</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>0222X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

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| 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) |
|--|--|---|

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|---|--|----------------------------|
| 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 2-7, 1950, to 7-8, 1950, that I last saw the deceased alive on 2-7, 1950, and that death occurred at 8:15 a. m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>420 North 82nd</u> | 23c. DATE SIGNED <u>2-9-50</u> |
|---|------------------------------------|--------------------------------|

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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 10, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
|---|--------------------------------|--|---|

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|--|--|-----|---|
| DATE RECD BY LOCAL REG. <u>Feb. 14, 1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Stamey Funeral Home - St. Joseph, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1950

APR 25 1950

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 Charles M. Harman

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.