

FILED MAR 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4295

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

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 3298 Registrar's No. 7

| | | | | | |
|--|--|--|---|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>5 Mi. CLINTON</u> <u>5 Mi. South Stewartville</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>6250</u> OR TOWN <u>5 Mi. So. Stewartville</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Life</u> | | | d. STREET ADDRESS (If rural, give location) ***** | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u> | | b. (Middle) <u>THOMAS</u> | | c. (Last) <u>BINSTEAD</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 8. DATE OF BIRTH <u>10-11-1876</u> 9. AGE (in years last birthday) <u>73</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>Clinton Co., Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Emanuel Binstead</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Hawkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Vivian 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>*****</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Musavian Binstead</u> ADDRESS <u>Stewartville 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Disease</u> Morbidity 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>4201</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Oct 18, 1944</u> , to <u>Feb 14, 1950</u> , that I last saw the deceased alive on <u>Feb 1, 1950</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>M. B. Shalving O. MD</u> (Degree or title) | | | 23b. ADDRESS <u>Stewartville Mo</u> | | 23c. DATE SIGNED <u>Feb 15 50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-16-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stewartville</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Stewartville Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Summers</u> ADDRESS <u>Stewartville Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Feb 24-50</u> | | REGISTRAR'S SIGNATURE <u>Bernice Chastain</u> <u>386</u> | | | |

MAY 7 1951

JUN 17 1956

APR 19 1964

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.

Student
Student Embalmer

W.E. Summerfield

Signed *W.E. Summerfield*

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.