

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8515

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1030

| | | | |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>4 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3446 Cypress 3580</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3446 Cypress</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> | | b. (Middle) <u>Bingham</u> | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-1950</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>9-19-1872</u> |
| 9. AGE (In years last birthday) <u>77</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Contractor</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Princeton Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Bingham</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Rausa E Bingham</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>496-16-24908</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Rausa E Bingham</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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>Arteriosclerosis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | |
| 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) (Min.) | | 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>10/27, 1946</u> to <u>3/3, 1950</u> , that I last saw the deceased alive on <u>3/3, 1950</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Anthony J. Long</u> | | 23b. ADDRESS <u>1021 Linwood D.C.</u> | |
| 23c. DATE SIGNED <u>3/6/50</u> | | 23d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>3-7-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-6-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Wornal</u> | | ADDRESS <u>Funeral Home</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address W. O. 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.