

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31457

BIRTH NO.		REG. DIST. NO. 314	PRIMARY REG. DIST. NO. 6066	Registrar's No. 661
1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. Clair 0930		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Springs		c. LENGTH OF STAY (in this place) Life		
d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs (Rural) 0		
d. STREET ADDRESS Roscoe Twnshp;		4. DATE OF DEATH (Month) (Day) (Year) Sept; 8 1950		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Hale		c. (Last) Binns
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept; 25, 1873	9. AGE (In years) (If under 1 year: by birthday) (If under 12 hrs. Hours) (Min.) 76 11 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Charles County Mo: 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Binns		13b. MOTHER'S MAIDEN NAME Eunice Simms
14. NAME OF HUSBAND OR WIFE Nettie Binns		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Nettie Binns		ADDRESS El Dorado Spgs/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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Bloc. ANTECEDENT CAUSES DUE TO (b) Found dead in bed DUE TO (c) Had not consulted a doctor in many years		INTERVAL BETWEEN ONSET AND DEATH 4330
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) (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 -- -- 11:18 P.M. to -- --, 19 --, that I last saw the deceased alive on -- --, 19 --, and that death occurred at -- -- m., from the causes and on the date stated above.				
23a. SIGNATURE Fauree B. Beaudin, Coroner		23b. ADDRESS Osceola Missouri		23c. DATE SIGNED 9/9/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 9/13/50		24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs
24d. LOCATION (City, town, or county) (State) St. Clair County Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Beaudin, Osceola Mo		
DATE REC'D BY LOCAL REG. 9-9-1950		REGISTRAR'S SIGNATURE Paul H. Beavers 288		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Beaudin, Osceola Mo

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-30-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-30-50

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 F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy, 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.