

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17684
Registrar's No. 215

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6041		Registrar's No. 215	
1. PLACE OF DEATH a. CITY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Thomas		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Thomas		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION West of Naylor				d. STREET ADDRESS (If rural, give location) West of Naylor			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Bingham		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) May. 19, 1951	
5. SEX /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 30, 1893	9. AGE (In years last birthday) 58	10. IF UNDER 1 YEAR Months 1 Days 19	11. IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Doniphan, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME J. L. Shaw		13b. MOTHER'S MAIDEN NAME Nettie Statler		14. NAME OF HUSBAND OR WIFE Ed. Bingham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ed Bingham Naylor, Mo. ADDRESS _____			
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) cerebral hemorrhage hypertension 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. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 April 1, 1951 , to May 19, 1951 , that I last saw the deceased alive on May 17, 1951 , and that death occurred at 11 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Stewhill (Degree or title) _____				23b. ADDRESS Naylor Mo		23c. DATE SIGNED 5/28/1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21/51		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Ripley Co. Mo.	
DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE E. A. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE 277		ADDRESS Gish Funeral Home Naylor, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

Dwight Mc Card

Licensed Embalmer No. *4077*

P. O. Address *Naylor, 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.