

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1733**

State File No. ....

**FILED FEB 8, 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 16

No. 300  
10.48  
193  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>704 Howard St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>CORA</u>	b. (Middle) <u>LUELLEN</u>	c. (Last) <u>BINNEY</u>	<u>Jan 25, 1952</u>		

<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>divorced</u>	<b>8. DATE OF BIRTH</b> <u>Feb 13, 1875</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>----</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Holt County, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>John Metts</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Liza Jane Oaden</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>John Binney</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Elsie Parsons, 706 Grant, Carthage, Mo</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral embolus right</u>			<u>36 hrs.</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Myocarditis, chronic</u>  DUE TO (c) <u>Hypertension, chronic</u>			<u>4 yrs.</u> <u>6 yrs.</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis, chronic</u>		<u>unknown</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>443X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Apr 24, 1951, to Jan 25, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 10:30p m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature] MD</u>	<b>23b. ADDRESS</b> <u>Carthage, Mo</u>	<b>23c. DATE SIGNED</b> <u>1-26-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL, OR OTHER</b> <u>burial</u>	<b>24b. DATE</b> <u>Jan 29, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carthage, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-28-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature] MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>Knell Mortuary, Carthage, Mo</u>
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RECEIVED 2-7-52

Jasper County Health Office

County File Number 52/2103

Date Filed 2-7-52

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

Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.