

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19292**

FILED JUL 15 1952

REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037** Registrar's No. **114**

8040

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico Rural-Salt River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico Salt River Twp	
c. LENGTH OF STAY (In this place) 8 Years		d. STREET ADDRESS (If rural, give location) RFD #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #2			

3. NAME OF DECEASED (Type or Print)	a. (First) Dorothy	b. (Middle) Lee	c. (Last) BINGHAM	4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1919	9. AGE (In years) (last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Missouri (Monroe County)		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Emmett Ashcraft	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Dwight Bingham
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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 AND ADDRESS Dwight Bingham, Mexico, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Care. No jury. Not found		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) deed in her bed. No evidence of violence or foul play. history showing DUE TO (c) essential hypertension. blood pressure 140/96. Probably Pathy Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Salt River Audrain Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR none
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22. I hereby certify that I attended the deceased from **Coronary Care**, 19**52**, that I last saw the deceased **living on July 4, 1952**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE OF PHYSICIAN J. C. Adams M.D. Coroner	(Degree or title)	23b. ADDRESS Mexico Mo.	23c. DATE SIGNED 7-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-6-52	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Mem Park	24d. LOCATION (City, town, or county) (State) Audrain County Missouri
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DATE REC'D BY LOCAL REG. July 6-1952	REGISTRAR'S SIGNATURE Blanche Keely	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Clavo Amused, Mexico
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SEP 29 1941

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 *Oliver Anderson*

Licensed Embalmer No. *3569*

P. O. Address *Missouri, 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.