

FILED JUN 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21136

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <i>Mc Donald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Mc Donald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Anderson</i>	c. LENGTH OF STAY (in this place) <i>4 mos.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Anderson</i> <i>1600</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>west main st.</i>		d. STREET ADDRESS (If rural, give location) <i>west main st.</i>	

3. NAME OF DECEASED (Type or Print) <i>COLUMBUS ALLEN BINGAMAN</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>6 10 1952</i>
--	------------	-------------	-----------	--

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-5-1897</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>5</i>	IF UNDER 11 HRS. Hours <i>✓</i> Min. <i>✓</i>
--------------------	-------------------------------	---	-----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>operator</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>mechanic</i>	11. BIRTHPLACE (State or foreign country) <i>unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	---	--	--

13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Luda Bingaman</i>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Luda Bingaman</i> ADDRESS <i>Anderson Mo</i>
--	-------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Multiple Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Brain</i>		
	DUE TO (c) <i>Old stroke</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Hemorrhage</i>		<i>2 years</i>	
		<i>1 day</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>352x</i>	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)	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 *2-1-52*, 19*52*, to *6-10*, 1952, that I last saw the deceased alive on *6-10*, 1952, and that death occurred at *1:00 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>A. W. Blankenship M. D.</i> (Degree or title)	23b. ADDRESS <i>Anderson Mo</i>	23c. DATE SIGNED <i>6-11-52</i>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-13-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>ST JOSEPH CEM</i>	24d. LOCATION (City, town, or county) (State) <i>ST JOSEPH, Mo.</i>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <i>6-11-52</i>	REGISTRAR'S SIGNATURE <i>423-0</i> <i>Mayme Dempsey</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Funeral Home Anderson Mo</i> ADDRESS <i>RE. Cleathon</i>
---	---	---

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

26001  
1

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 ml.

Student Embalmer No. ✓

working under my personal supervision.

Student ✓  
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson 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.