

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23825

State File No. ....

**1** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4070 Registrar's No. 3731

**1. PLACE OF BIRTH**  
 a. COUNTY Camden Co Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo b. COUNTY Camden

**b. CITY OR TOWN** Stoutland Mo **c. LENGTH OF STAY** (in this place) 85 yrs

**c. CITY OR TOWN** Stoutland **d. STREET ADDRESS** 0

**d. FULL NAME OF HOSPITAL OR INSTITUTION** Home

**3. NAME OF DECEASED**  
 a. (First) Clara b. (Middle) 2 c. (Last) Bingman

**4. DATE OF DEATH** (Month) (Day) (Year)  
7 21 1952

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married

**8. DATE OF BIRTH** 12/17/1866 **9. AGE** (In years last birthday) 85 **IF UNDER 1 YEAR** (Month) (Day) (Year) 7 4 **IF UNDER 28 HRS.** (Hours) (Min.) 4

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housekeeper **10b. KIND OF BUSINESS OR INDUSTRY** Housekeeping **11. BIRTHPLACE** (State or foreign country) Camden Co Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** David S Bingman **13b. MOTHER'S MAIDEN NAME** Mary Ann Gault **14. NAME OF HUSBAND OR WIFE** None

**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** Emma Martin **ADDRESS** Stoutland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Arterio Sclerosis  
 ANTECEDENT CAUSES  
 DUE TO (b) Advanced Age  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** no operation **20. AUTOPSY?** YES  NO

**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)** Stoutland Camden Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) no injury **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from 2 or 3 years, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** C. E. Coitman (Degree or title) **23b. ADDRESS** Stoutland Mo **23c. DATE SIGNED** July 23, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify) 1 **24b. DATE** 7/23/52 **24c. NAME OF CEMETERY OR CREMATORY** Stoutland **24d. LOCATION** (City, town, or county) (State) Stoutland Mo

**BATE REC'D BY LOCAL REG.** July 24, 1952 **REGISTRAR'S SIGNATURE** Zilpha Traw **25. FUNERAL DIRECTOR'S SIGNATURE** Virgil Ebus **ADDRESS** Stoutland Mo

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W.E. Holman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4107*

P. O. Address *Lubano, 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.