

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38235

FILED DEC 15 1952

BIRTH NO.		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5439</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. LENGTH OF STAY (In this place) <u>lifetim</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		<u>8370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud, Mo. Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo. Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Lena</u>		a. (First)		b. (Middle) <u>Binkhoelter</u>		c. (Last)	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 15, 1870</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Mins.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Drake, Mo.</u>			
13a. FATHER'S NAME <u>William Wissmann</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Meyerant</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Binkhoelter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Burr</u> ADDRESS <u>Rosebud, Mo. Rt. 1</u>			
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Scurvy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Hypertrophic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept</u> , 195 <u>2</u> to <u>Nov 11</u> , 195 <u>2</u> , that I last saw the deceased alive on <u>Nov 10</u> , 195 <u>2</u> , and that death occurred at <u>2:45a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. A. Schmitt M.D.</u>				23b. ADDRESS <u>Seelye St.</u>		23c. DATE SIGNED <u>11-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. & R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charlotte, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Sarahy Hallway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. H. Wente</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 2838

P. O. Address OWENSVILLE

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.