

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8766

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 75

0105
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bonne</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u> <u>0100</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A</u> c. (Last) <u>Bingham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 30, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Fulton, Burbon Co. Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>George W. Bingham</u>		13b. MOTHER'S MAIDEN NAME <u>Judy T. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Bingham, Sturgeon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Bingham, Sturgeon, Mo. Route.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5410</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heartic reaction for peptic ulcers</u> DUE TO (c) <u>Chronic - renal & diabetes mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2-28-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bleeding diaphragm & Pulses</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 2-26, 1953 to 3-7, 1953 that I last saw the deceased alive on 3-7, 1953 and that death occurred at 8:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Missouri Registrar</u>		23b. ADDRESS <u>Columbia Mo.</u>		23c. DATE SIGNED <u>3-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Springs, Kansas.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 7 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>31-0</u>	ADDRESS <u>Willett, Funeral Home, Columbia, Mo.</u>		

R.O. Willett

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, WEB

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lyman H. Sprinkle
Licensed Embalmer No. 14013

P. O. Address Columbia, 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.