

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17902**
2535

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Jackson</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannas City</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Jackson</u> | |
| c. LENGTH OF STAY (In this place) <u>5 1/2 hrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence - Missouri</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt 4 1</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside-Hospice</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Joseph</u> | | b. (Middle) <u>Bink</u> | | c. (Last) <u>Bink</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>5 16 53</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Nov 13 - 1884</u> | | 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Meat cutter</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joseph Bink</u> | | 13b. MOTHER'S MAIDEN NAME <u>-</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Bink</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-07-9175</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Schiavone 108 Holmes Rd. Independence, Mo</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, asthma, 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) <u>Cerebro-vascular Thrombosis</u> | | ANTECEDENT CAUSES DUE TO (b) <u>Polycythemia Rubra Vera</u> | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 294X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input 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) | | 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 <u>5-16-53 11:00 AM</u> , to <u>5-16-53 4:22 PM</u> , that I last saw the deceased alive on <u>5-16-53 19</u> , and that death occurred at <u>4:22 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John C. Taylor M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>3504 Troost</u> | | 23c. DATE SIGNED <u>5-16-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-19-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannas City, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-18-53</u> | | REGISTRAR'S SIGNATURE <u>Waldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody - McElroy, Lyle, K. C. Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Bank

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 _____

J. H. Pryor

Licensed Embalmer No. *2797*

P. O. Address *K C M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.