

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**24634**

State File No. **3111**

No. 300  
0.48

FILED JUL 17 1953		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3111</u>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission).		
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3098</u>		
c. LENGTH OF STAY (in this place) <u>23 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3200 Norledge</u> <u>9</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3200 Norledge Home</u>		d. STREET ADDRESS (If rural, give location) <u>3200 Norledge</u> <u>0</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <u>Trenna</u>		b. (Middle) <u>Sidney</u>
		c. (Last) <u>Bingham</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 17 1953</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>3 Oct. 1883</u>	<b>9. AGE</b> (In years) (last birthday) <u>69</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Deland, Florida</u>
				<b>12. CITIZENRY OF WHAT COUNTRY?</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>Daniel McPherson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amandy Jane Duffie</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Royson F. Bingham</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Alta May Levy</u>
				<b>ADDRESS</b> <u>3744 Blue Ridge Rd.</u>
<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>		
Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yr</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b) <u>Arteriosclerosis</u>		<u>3 yr</u>
		c) _____		<u>45<sup>60</sup></u>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>1-1-52</u> , 19 <u>52</u> , to <u>6-17-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-17-53</u> , 19 <u>53</u> , and that death occurred at <u>945<sup>th</sup> St.</u> , from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <u>Frank Paul Laurenzana</u>		<b>23b. ADDRESS</b> <u>428 S. White Ave</u>		<b>23c. DATE SIGNED</b> <u>6-17-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Floral Hills</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
<b>24b. DATE</b> <u>19 June -53</u>		<b>24e. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geraldine Smith</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>6-19-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>ADDRESS</b> <u>Floral Hills Memorial Chapels K.C.M</u>	

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

10:30 AM,  
fact

**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 William Free

Licensed Embalmer No. 4733

P. O. Address Kansas City, 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.