

FILED SEP 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 6036

State File No. 32736

BIRTH NO.

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 6032

Registrar's No. 394

## I. PLACE OF DEATH

a. COUNTY

Ripley

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Rural, Sherley Twp.

d. FULL NAME OF HOSPITAL OR INSTITUTION

3 mi. S.W. of Doniphan, Mo.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Ripley

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Rural, Sherley Twp.

d. STREET ADDRESS (If rural, give location)

0910  
3 mi. S.W. of Doniphan, Mo. 0

## 3. NAME OF DECEASED

(Type or Print)

a. (First)

Otto

b. (Middle)

Bingham

c. (Last)

4. DATE

(Month)

(Day)

(Year)

OF DEATH

Sept.

14, 1953

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

never married

## 8. DATE OF BIRTH

June 28, 1912

## 9. AGE (In years last birthday)

41

## 10. UNDER 1 YEAR

2-16

## 11. UNDER 10 HRS.

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## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

## 11. BIRTHPLACE (City and State or Foreign Country)

Ripley County, Missouri

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Ben Bingham

## 13b. MOTHER'S MAIDEN NAME

Della Hastings

## 14. NAME OF HUSBAND OR WIFE

Never Married

## 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.

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## 17. INFORMANT'S SIGNATURE OR NAME

Ben Bingham

## ADDRESS

Doniphan, 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Accidental Death

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## DUE TO (b)

by Run away Team of

mules.

## DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

E91213

## 20. AUTOPSY?

YES ☐ NO ☒

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

accident

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

farm

## 21c. (CITY, TOWN, OR TOWNSHIP)

Doniphan Mo.

## (COUNTY) 091 (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

Sept. 14 1953 2 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

Body Struck by Fork of Hay

## 22. I hereby certify that I attended the deceased from

alive on 19, and that death occurred at

m., from the causes and on the date stated above.

## 23a. SIGNATURE

O. Goforth

## (Degree or title)

M.D.

## 23b. ADDRESS

Doniphan Mo.

## 23c. DATE SIGNED

9-16-53

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Sept. 16 1953

## 24c. NAME OF CEMETERY OR CREMATORY

Paynor Cemetery

## 24d. LOCATION (City, town, or county)

Paynor, Missouri

## (State)

## DATE REC'D BY LOCAL REG.

9-16-53

## REGISTRAR'S SIGNATURE

O. Goforth

## 25. FUNERAL DIRECTOR'S SIGNATURE

Ray Measor

## ADDRESS

Doniphan, Mo.

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 \_\_\_\_\_

*Ray Means*

Licensed Embalmer No. 3743

P. O. Address Doniphan,

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

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