

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9569**

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5916** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY OR TOWN Longtown, Mo.	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Longtown	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Thekla	b. (Middle) C.	c. (Last) Bingenheimer	4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 2, 1905	9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Bingenheimer	13b. MOTHER'S MAIDEN NAME Marie Elbrecht	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ludwig Funke Longtown, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1- Myocarditis, Chronic C.U.		3-4 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arteriosclerotic Fibilatioin, C.U. DUE TO (c)		5-6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1- Ulcerative Colitis, Ch.			14-15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION C.U. 4331	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-22, 1948** to **3-12, 1954** that I last saw the deceased alive on **3-12, 1954** and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Felth (Degree or title)	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 3-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 15, 1954	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Longtown, Missouri
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DATE REC'D BY LOCAL REG. 3-17-54	REGISTRAR'S SIGNATURE J. J. Goellner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

790

MAR 28 1933

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.....
Signature of Student Embalmer

Signed *Edward C. Young*

Licensed Embalmer No. *213*

P. O. Address *Permyville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.