

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19685

FILED JUL 7 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 432 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Princeton, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dessie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Binkerd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27-54</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 18, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Samuel Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Moore</u>	14. NAME OF HUSBAND OR WIFE <u>J.E. Binkerd Des Moines, Ia.</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.E. Binkerd</u> ADDRESS <u>Des Moines, Iowa</u> <u>1315 Capitol Ave.</u>
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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 <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>		6 mos	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>350X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 July 20, 1953, to June 27, 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Martin</u>	23b. ADDRESS <u>Princeton, Mo.</u>	23c. DATE SIGNED <u>6/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilder Cema.</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-30-54</u>	REGISTRAR'S SIGNATURE <u>Red M...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>0 Martin</u> ADDRESS <u>Funeral Home Princeton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) Dr. Martin

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

0650

0650

JUL 8

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Shinceton, 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.