

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

421

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>1-Day</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oran</u>		<u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Oran, Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Loretta</u>	b. (Middle) <u>Evelyn</u>	c. (Last) <u>Bingley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 3 1955</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>11/12/1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Burger</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Halter</u>	14. NAME OF HUSBAND OR WIFE <u>O. J. Bingley</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O. J. Bingley</u>	ADDRESS <u>Oran, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration secondary to coma</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehydrated Mentality</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>260X</u>
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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) (Min.) _____	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 2/3/55, 1955, to 2/3, 1955, that I last saw the deceased alive on 2/3, 1955, and that death occurred at 8:40P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Keeney MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>2/7/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Guardian Angels</u>	24d. LOCATION (City, town, or county) (State) <u>Oran Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-8-55</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl ...</u>	ADDRESS <u>Oran, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

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.