

10. 300
10. 48

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8694

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>278 days</u>	c. CITY OR TOWN <u>Hickman Mills</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>9500 Raytown Road</u>		(If rural, give location) <u>7000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>D.</u> c. (Last) <u>Binford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-5-04</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Wood Binford</u>	13b. MOTHER'S MAIDEN NAME <u>May Belle McCullah</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Binford</u>
--------------------------------------------------	--------------------------------------------------------	----------------------------------------------------

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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>	ADDRESS
-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------	-------------------------------------------------------------------------------------------	---------

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, assthenia, 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) <u>Pulmonary tuberculosis</u>		<u>approx. 1 yr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
------------------------	----------------------------------	-------------------------------------------------------------------------------------

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)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

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?
------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 6 - 13 - 19 54, to 3 - 19 - 1955, that I last saw the deceased alive on 3 - 18 - 19 55, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>At. Memphis M.D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>3-19-55</u>
-------------------------------------------------------------	----------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>
-------------------------------------------------------------	-----------------------------	------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>3-19-55</u>	REGISTRAR'S SIGNATURE <u>Coil</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B. Orr</u>	ADDRESS <u>Mt. Vernon Mo.</u>
--------------------------------------------	--------------------------------------	-------------------------------------------------------	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George B Orr*.....

Licensed Embalmer No..... *95*

P. O. Address *Mt. Vernon*.....

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.