

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25693**
Registrar's No. **75**

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **44821**

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before ...a. STATE Mo. ... b. COUNTY Scotland)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis	c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 099th	

3. NAME OF DECEASED (Type or Print) a. (First) Coræ b. (Middle) Violet c. (Last) Bingham	4. DATE OF DEATH (Month) July (Day) 21 (Year) 1956					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Mch. 16, 1873	9. AGE (In years last birthday) 83	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) house keeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Albert Easley	13b. MOTHER'S MAIDEN NAME Martha Marshall	14. NAME OF HUSBAND OR WIFE Samuel D. Bingham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME <i>Lillian Marshall</i>	ADDRESS <i>Memphis Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> 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"/>
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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) 4201
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?

22. I hereby certify that I attended the deceased from July 21, 1956, to July 21, 1956, that I last saw the deceased alive on July 21, 1956 and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. E. Shelton</i>	(Degree or title) MD	23b. ADDRESS <i>Memphis Mo</i>	23c. DATE SIGNED 7/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-24-1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) Carroll Co. Mo.
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DATE REC'D BY LOCAL REG. 7/25/56	REGISTRAR'S SIGNATURE <i>Vera G. Purmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. W. Payne & Sons</i>	ADDRESS <i>Memphis Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

0990

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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 *Neal Payne*

Licensed Embalmer No. *2554*

P. O. Address *Memphis, Tenn.*

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.