No. 300
10-48

FILED JAN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42149

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 473

0644

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 117 N Haydon St.

0644

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Crawford
c. (Last): Binns

4. DATE OF DEATH (Month) (Day) (Year): 12 - 26 - 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 11, 1890
9. AGE (In years last birthday): 66 — 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): Store Manager
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (City and State or Foreign Country): Pittsfield, Ill.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: W.S. Binns
13b. MOTHER'S MAIDEN NAME: May Criswell
14. NAME OF HUSBAND OR WIFE: Mrs. Ollie Binns

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.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ollie Binns — ADDRESS: Hannibal, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19-46, *19*___, *to* 12-26-56, *19*___, *that I last saw the deceased alive on* 12-26, *19* 56 *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 1-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-56
24c. NAME OF CEMETERY OR CREMATORY: Grand View Cemetery
24d. LOCATION (City, town, or county): Hannibal, (State) Mo.

DATE REC'D BY LOCAL REG.: 1-5-57
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark — ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

189-c

RECEIVED JAN 8 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Clark

Licensed Embalmer No...4217...

P. O. Address ..Hannibal, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.