

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **842**

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY BOSSWADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural CANNON	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) 4 mi S-E of Rosebud	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle) _____	c. (Last) Binkholder	4. DATE OF DEATH (Month) (Day) (Year) 1 6 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5 April 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Carl Binkholder	13b. MOTHER'S MAIDEN NAME Lydia Schroder	14. NAME OF HUSBAND OR WIFE Ethel Naugle
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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) No	16. SOCIAL SECURITY NO. 488-42-9361	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Binkholder	ADDRESS Rosebud, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia & Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured ribs & sternum		12 days
	DUE TO (c) Auto Accident		12 days
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway H. South of Gerald	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boone FRANKLIN MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 26 56 6:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from **Dec 26, 1956**, to **Jan. 6, 1957**, that I last saw the deceased alive on **Jan. 6, 1957**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Bryan M.D.	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 1-6-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9 JAN. 57	24c. NAME OF CEMETERY OR CREMATORY NEW SALEM CEMETERY	24d. LOCATION (City, town, or county) (State) OWENSVILLE MO.
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DATE REC'D BY LOCAL REG. 1/9/57	REGISTRAR'S SIGNATURE F. L. Steinhilber	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

79.

OCT 17 1957

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.

Signed _____

Stanley E. Meyer

Signed _____

Student Embalmer

Licensed Embalmer No. *4639*

P. O. Address *Genard, 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.

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