

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022334

STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 88

5. 300
1-57
500
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY JEFFERSON)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FESTUS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL		Length of stay in 1b 18 DAYS	d. STREET (If outside, give location) ADDRESS 200S. BEHRING
3. NAME OF DECEASED (Type or print) FIRMAN B. BINGHAM		4. DATE OF DEATH Month Day Year 6-17-58	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1896
9. AGE (In years last birthday) 62		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) GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.	11. BIRTHPLACE (City and state or country) MINERAL POINT, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK BINGHAM	
13b. MOTHER'S MAIDEN NAME MARY SMITH		14. NAME OF HUSBAND OR WIFE Mabel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES or unknown) (If YES, give dates of service) YES W.W.I.		16. SOCIAL SECURITY NO.	
17. INFORMANT Address MRS. FIRMAN BINGHAM FESTUS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Multiple fracture of pelvis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 050 COUNTY STATE	
21. I attended the deceased from May 20, 58 to June 17, 58 and last saw him alive on June 17, 58 Death occurred at 2:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William Belgorin (Degree or title)		22b. ADDRESS Festus, Mo	
22c. DATE SIGNED 6/18/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 6-20-58		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.		23e. (State)	
24. FUNERAL DIRECTOR GENERY R. POLITTE ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 6-18-58	
26. REGISTRAR'S SIGNATURE Wm. E. Fisher			

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI 6561 MAR 3 1959

DATE RECEIVED

JUN 24 1958

MAR 5 1959

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 Geotrey R. Talcott

Licensed Embalmer No. 548

P. O. Address Crystal

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.