

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH FILED VS FEB 16 1960

-60-007121

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 23 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clark Twp.</u>		Length of stay in 1b <u>X X</u>		c. CITY OR TOWN <u>St Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Troy, Mo.</u> HOSPITAL OR INSTITUTE <u>Hiway #61 5mi. South of</u>				d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Betty</u> Middle <u>Jo</u> Last <u>Binder</u>				4. DATE OF DEATH Month <u>February</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/23/49</u>	
9. AGE (last birthday) <u>10</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and state or country) <u>St Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Harold Binder</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred J Daley</u>		14. NAME OF HUSBAND OR WIFE <u>None</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Maggie Colbert, Troy, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull, Broken Neck,</u> <u>Automobile Traumatism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>(Coroner's Jury Verdict)</u> DUE TO (c) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Headon Collision of Two cars</u>			
20c. TIME OF INJURY Hour <u>4:30 PM</u> Month <u>2/6/60</u> Day <u> </u> Year <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway # 61</u>		20f. CITY, TOWN, OR LOCATION <u>Clark Twp. Lincoln Co. Missouri</u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>4:30 PM</u> to <u> </u> and last saw her <u> </u> alive on <u> </u> Death occurred at <u> </u> on <u> </u> the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joseph J. Marshall</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Troy, Missouri.</u>		22c. DATE SIGNED <u>2/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/10/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Alexandria Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Missouri.</u>	
24. FUNERAL DIRECTOR <u>Kemper-Marsh Funeral Home</u> ADDRESS <u>Troy, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-12-1960</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Joseph J. Marsh Jr, Student Embalmer No. 593

working under my personal supervision.

Student Joseph J. Marsh Jr.
Signature of Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.