

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-007122

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Twp		Length of stay in lb 10 Min.		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location of Troy. HOSPITAL OR INSTITUTE Hiway #61 5mi South				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mildred Middle J. Last Binder				4. DATE OF DEATH Month February Day 6 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/23/25	
9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Theresa Daley	
14. NAME OF HUSBAND OR WIFE Harold Binder		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. None		17. INFORMANT Maggie Colbert, Troy, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull, Broken Neck.				INTERVAL BETWEEN ONSET AND DEATH Inst.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Traumatism.							
DUE TO (c) (Coroner's Jury Verdict)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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.) Two Cars, Headon Collision.			
20c. TIME OF INJURY 4:30		Hour PM Month, Day, Year 2/6/60					
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.) Hiway #61		20f. CITY, TOWN, OR LOCATION Clark Twp. Lincoln Co. Missouri		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Emmett J. Marsh</i>		(Degree or title) Coroner		22b. ADDRESS Troy, Missouri		22c. DATE SIGNED 2/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/10/60		23c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem		23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri.	
24. FUNERAL DIRECTOR Kepp-Marsch Funeral Home Troy, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-12-1960		26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 17 1960

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 Jr.

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.