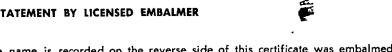
IRI	RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH ELLED VS FEB 1 6 1960								<del>-</del> 60-00	60-007122	
E. NDED	ᄣᇎ	ע ע !	S FEB 1 0 (30)	179	nary Registration I	District No. <u>5668</u>	Registrar's No	221	STATE FILE I	NUMBER	
		ΙΞ.					L'2 TICHAL BECIDE	NCE (Mhese dese	nsed lived. If institution	Davidson before	
		<sup>1</sup>	a. COUNTY	Lincoln			a. STATE Mis	sourt col	JNTY St Loui:	s admission)	
			b. CITY (If outside cor	porate limits, give YOWNS	HIP only) Length of stay in 1b		c. CITY OR			Inside Limits	
			TÖŴN Cla	rk Twp	10 Min.		τόὧν St Loui		S	Yes   No	
		_	c. FULL NAME OF (If I	NOT in hospital, give locat	inel III an a an Incide Limite		d. STREET ADDRESS	(If cutside, give location)		Reside on Farm	
			INSTITUTION H1	way #61 5m	i South	Yes □ No 🕱	ADDRESS			Yes 🗌 No 🗋	
+	1	-3	NAME OF DECEASED	First	M	iddle	Last	4. DATE	Month Day	Year	
			(Type or print)	Middred	J	. Bir	nde <b>r</b>			1960	
		5	s. SEX	6. COLOR OR RACE		Never Married 🛘	8. DATE OF BIRTH		irthday) IF UNDER 1 YE.  Months Days		
			Female	White	Widowed 🗀	<u> </u>	2/23/25	34			
		10	10s. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSOWITE			USINESS OR INDUSTR			country) 12. CITIZEN C	F WHAT COUNTRY	
					Own H		St Louis		US		
		13	a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME			1	ME OF HUSBAND OR WI		
			Unknowi			heresa Da		Har	Harold Binder		
				IN U.S. ARMED FORCES? yes, give war or dates of s		CIAL SECURITY NO.			Address		
		<u> </u>	No I	None	Inot	<u>Avail.</u>	Maggie (	colbert,	Troy, Mis		
	z	i	18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b), a	e for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH  Inst.		
	×			IMMEDIATE CAUSE (a)	Fractured Skull, Broken Neck.			Neck.			
	DOCUMENT		Conditions, if any, DUE TO (b) Automobile Traumátism.								
			which gave rise to above cause (s), stating the understying cause last.  DUE TO (c)  Coroner's Jury Verdict)								
		Z	PART II.		ONDITIONS CONTRIBUTING TO DEATH but not related to the terminal n PART I (a)			PART III. If deceased was female was			
- 1	ŀ	ΑĬ		disease condition given in						nancy in last 90 days.	
		낊	TO THE AUTODOX	20a. ACCIDENT SUICIDE	• HOMICIDS	1 305 DESCRIPE HO	W INTURY OCCURRED	(Enter nature of	injury in PART I or PART	No Unknown	
		CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO 🔼	Zda. ACCIDENT SUICIDE			, Headon			II of item 18.)	
		MEDICAL	20c, TIME OF Hou!	Month, Day, Year 2/6/60							
		₹	20d. INJURY OCCURRE	· · · · · · · · · · · · · · · · · · ·	OF INJURY (e.g.,	in or about home,	20f. CITY, TOWN, OF	LOCATION	COUNTY	STATE	
			. WHILE AT WORK NOT WHILE AT W	🗀 🚤 📗 farm, fa	actory, street, offi	ice bidg etc )	• •		n Co. Miss		
'			21. I attended the dec	eased from		to	an an	d last saw her ali	ve on		
			Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
	P P		22a/S GNATURE	/ da a (Degi	coroner 22		22b. ADDRESS			22c. DATE SIGNED	
			Varioto	V. Illam			Troy, M:	issouri	2/7/60		
_	Ι <u>ξ</u> Ι	23	BORIAL, CREMATION,	723b. DATE L	į.	OF CEMETERY OR CRE			City, town, or county)	(State)	
	AFFIDAVIT		Burial	12/10/60		Alexandri			Co. Missou	ri.	
	BY A		. FUNERAL DIRECTOR	ADD	RESS	25. DAT	E RECD. BY LOCAL R	EG. 26. REGIST	IRAR'S BIGNATURE	o li	
	m	X	e <b>p-</b> Marsh F	uneral Home	Troy,		N-1760	Cha	works	cer-	
		1			(Licen	sed Embalmer's Staten	nent on Reverse Side)		•		



I hereby certify that the body whose name is recorded on the	he reverse	side of	this cert	ificate was	embalmed b
or by Joseph J. Marsh Jr.	<u></u>	<u>.</u> ,	Student	Embalmer	No. 593
working under my personal supervision.	7)	1		D111	j'

Licensed Embalmer No. 3932

P. O. Address Troy, Missou

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