SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-008213

AMENDED

Registration District No. 607 Primary Registration District No. 3019 Registrar's No. 40

FILED VS FEB 28 1961

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin Co. Memorial — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY: Dunklin
c. CITY OR TOWN: Senath — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): Rt. 2 — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First Lue — Middle Ella — Last Binkley
4. DATE OF DEATH: Month Feb. Day 15 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married # ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/10/1900
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months 0 Days 5 — IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): Lepanto, Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Jim Moore
13b. MOTHER'S MAIDEN NAME: Emma Mask
14. NAME OF HUSBAND OR WIFE: Monte Binkley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): None — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Monte Binkley — Address: Senath, Mo. Rt. 2

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchiectasis — 10 yrs.
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb.8,1961, to ____ and last saw her/him alive on Feb.15,1961
Death occurred at 11:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Quinton Tarver (Degree or title) Quinton Tarver, M.D.
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 2-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/17/1961
23c. NAME OF CEMETERY OR CREMATORY: Lulu
23d. LOCATION (City, town, or county) (State): (Near) Senath, Mo.
24. FUNERAL DIRECTOR: McDaniel Funeral Service — ADDRESS: Senath, Mo.
25. DATE RECD. BY LOCAL REG.: 2-24-61
26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. SHOULD READ — BY AFFIDAVIT OF

MAR 2 1967

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.