

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012416

AMENDED

Registration District No. 1 Primary Registration District No. Registrar's No. 125 STATE FILE NUMBER

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger		Length of stay in 1b 15 years	c. CITY OR TOWN Novinger
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street address
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Almarinda Middle Belle Last Bingham			4. DATE OF DEATH Month May Day 2 Year 1961	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-3-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Browning, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Winfield Scott Osborn	13b. MOTHER'S MAIDEN NAME Melvina Morgan	14. NAME OF HUSBAND OR WIFE James D. Bingham
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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 Address Mrs. Mable Williams, Green Castle, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	UREMIA	10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Glomerulonephritis	1 YEAR
	DUE TO (c) General Arteriosclerosis	10 YEARS
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 checked="" type="checkbox"/> N: <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 COUNTY STATE
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21. I attended the deceased from March 21, 1951 to May 2, 1961 and last saw her alive on May 2, 1961
Death occurred at 8:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.D. Smith D.O. (Degree or title)	22b. ADDRESS Green City, Mo	22c. DATE SIGNED May 5, 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5, 1961	23c. NAME OF CEMETERY OR CREMATORY Green City Cemetery	23d. LOCATION (City, town, or county) (State) Green City, Mo.
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24. FUNERAL DIRECTOR ADDRESS Glenn E. Hartman, Green City, Mo.	25. DATE RECD. BY LOCAL REG. May 6, 1961	26. REGISTRAR'S SIGNATURE Doris W. Rattiff
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

R.D. SMITH, D.D.

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.