

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-042057

STATE FILE NUMBER

AMENDED

Registration District No.

301

Primary Registration District No.

Registrar's No.

81

FILED DEC 4 1961

1. PLACE OF DEATH

a. COUNTY

Ripley.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Doniphan, Route 4.

Length of stay in lb

48 years.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

5 Mi. S. of Doniphan.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri.

b. COUNTY

Ripley.

c. CITY OR TOWN

Doniphan, Route 4.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

5 Mi. S. of Doniphan.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Amos

Middle

Robert

Last

Bingham.

4. DATE OF DEATH

Month

Nov.

Day

14.

Year

1961.

5. SEX

Male.

6. COLOR OR RACE

White.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb. 2, 1888.

9. AGE (last birthday)

73.

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming.

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture.

11. BIRTHPLACE (City and state or country)

Ripley County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Samuel Bingham.

13b. MOTHER'S MAIDEN NAME

America Patterson.

14. NAME OF HUSBAND OR WIFE

Zula Bingham.

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.

491-18-4966

17. INFORMANT

Zula Bingham, Doniphan, Mo. Rt. 4.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction, suspected.

INTERVAL BETWEEN ONSET AND DEATH

15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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

11/14/61 after expiration.

and last saw her alive on No

Death occurred at

8:00

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Don R. Burcham, D., M.D.

22b. ADDRESS

Doniphan, Mo.

22c. DATE SIGNED

11/17/61.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

23b. DATE

Nov. 17, 1961.

23c. NAME OF CEMETERY OR CREMATORY

Doniphan Cemetery.

23d. LOCATION (City, town, or county)

Doniphan, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Ray Meams, Doniphan, Mo.

25. DATE RECD. BY LOCAL REG.

11-27-61

26. REGISTRAR'S SIGNATURE

Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ray Meamer

Licensed Embalmer No. 3743

P. O. Address Donipham

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.