

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009510

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 40

FILED FEB 26 1962

VS 300
Rev. 4/59
0975
20975
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | |
|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u> | | Length of stay in 1b <u>4 yrs.</u> | c. CITY OR TOWN <u>Marshall</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>342 N Lafayette</u> | | |
| 3. NAME OF DECEASED (Type or print) First <u>LONNIE</u> Middle <u>V.</u> Last <u>BINGHAM</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>20</u> Year <u>1962</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-24-1885</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>V.A. Hosp.</u> | 11. BIRTHPLACE (City and state or country) <u>Arrow Rock Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Willie Bingham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maggie Grubb</u> | | 14. NAME OF HUSBAND OR WIFE <u>Never married</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u> | | | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT <u>Mrs. Rachel Dickson Marshall, Mo</u> Address <u> </u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Belated Pneumonia</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.] | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pernicious Anemia</u> | | | | 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 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.) | | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u> | 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 <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>Jan 4, 1962</u> to <u>July 5, 1962</u> and last saw <u>him</u> alive on <u>Feb 19, 1962</u> Death occurred at <u>3:40</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>Martin E. Reser M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>Marshall, Missouri</u> | | 22c. DATE SIGNED <u>2-20-1962</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-21-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Marshall, Missouri</u> (State) | | |
| 24. FUNERAL DIRECTOR <u>Jack W. Reser</u> ADDRESS <u>Marshall, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>2-21-62</u> | 26. REGISTRAR'S SIGNATURE <u>Carl G. Reed</u> | | |

USE BLACK INK OR TYPEWRITER RIBBON

FEB 28 1962

JAN 17 1963

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 Jack M. Keser

Licensed Embalmer No. 4643

P. O. Address Marshall, 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.