No. 300
10.48

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39987

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6218 Registrar's No. 26

108
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Montevallo) 4
c. LENGTH OF STAY (In this place): 1 week#
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Milo, Mo. Davenport

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 48
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
d. STREET ADDRESS (If usual, give location): 5814 E. 17th. St. 6 1

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) H. BINNINGER c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason
10b. KIND OF BUSINESS OR INDUSTRY: Union #24
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Leo Binninger
13b. MOTHER'S MAIDEN NAME: Lena Gootman
14. NAME OF HUSBAND OR WIFE: Mrs. Georgia Binninger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 499-14-9482
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Georgia Benninger ADDRESS: 5814 E. 17th. St.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: — —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) "Died suddenly — — —
DUE TO (c) while at work" — 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I ~~last~~ never saw the deceased alive on ——, 19—, and that death occurred at 12:40 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter D Thurman, Coroner 3
23b. ADDRESS: Nevada Missouri
23c. DATE SIGNED: 11-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/1/49
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove
24d. LOCATION (City, town, or county) (State): Independence Mo.

DATE REC'D BY LOCAL REG.: Dec 3 1949
REGISTRAR'S SIGNATURE: Mrs. Ruth Faith 337
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earp & Sons 4139 Truman Rd. K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1949

RECEIVED
District Health Officer No. 7
District File Number 11-49-140
Date Filed 12-7-49

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 .....
Student Embalmer

Signed L. Gerald Berry

Licensed Embalmer No. 4203

P. O. Address Sheldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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