

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34486

State File No.

0240 D

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

FILED OCT 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>23</u>	PRIMARY REG. DIST. NO. <u>4134</u>	Registrar's No. <u>77</u>
1. PLACE OF DEATH a. COUNTY <u>Clay Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower Rural Atchison TWP/ 0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1</u>		
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>D.</u> c. (Last) <u>Binstead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 1, 1870</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Emanuel Binstead</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Binstead Gower Mo.</u> ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ulcer - Gastric</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓ Ray</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-10</u> , 1952, to <u>10-13-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-13-1952</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithville, Missouri</u>	23c. DATE SIGNED <u>10-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 15, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 15 - 52</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS <u>Gower Mo.</u>

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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 this body is not embalmed, fact should be so stated above.