

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2580

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0991**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>Vandalia</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>AMY</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>BINNION</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>January 30, 1954</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>1-2-1904</b>		9. AGE (In years last birthday) Months Days Hours Mins. <b>50</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>steel steon.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County, Ill.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William McNicol</b>		13b. MOTHER'S MAIDEN NAME <b>Lola Caldwell</b>			
14. NAME OF HUSBAND/OR WIFE <b>Alva Binnion</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Alva Binnion, Vandalia, Ill.</b>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRAIN TUMOR, LEFT TEMPORAL LOBE, MALIGNANT</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH YEARS	
19a. DATE OF OPERATION <b>1-28-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>BRAIN TUMOR LEFT TEMPORAL LOBE</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>193X</b>			
22. I hereby certify that I attended the deceased from <b>1-27-</b> 19 <b>54</b> , to <b>1-30-</b> 19 <b>54</b> , that I last saw the deceased alive on <b>1-30-</b> 19 <b>54</b> , and that death occurred at <b>12:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. J. Vermillion, M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>1-30-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia, Ill.</b>			
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berry-Holdt, Vandalia, Ill.</b>					
DATE REC'D BY LOCAL REG. <b>FEB 1 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ronald O. Johnson*.....

Licensed Embalmer No. *3*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.