

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40571

FILED DEC 20 1954

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5439		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		c. LENGTH OF STAY (in this place) 46 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owensville, Mo. Rt. 3				d. STREET ADDRESS (If rural, give location) Owensville, Mo. Rt. 3			
3. NAME OF DECEASED (Type or Print) Carl Casper Dietrich Binkhoelter			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Dec. 9, 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH March 7, 1878	
9. AGE (in years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and State or Foreign Country) Drake, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Drake, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Binkhoelter			13b. MOTHER'S MAIDEN NAME Catherine Ellinghaus			14. NAME OF HUSBAND OR WIFE Mary Hempelmann Binkhoelter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Binkhoelter Owensville Mo.			
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) Acute Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis & decompensation DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				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) m.		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 Sept 1954, to 12-9, 1954, that I last saw the deceased alive on 12-9, 1954, and that death occurred at 9:50 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles Schmidt M.D.				23b. ADDRESS Gerald Mrs		23c. DATE SIGNED 12-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-12-1954		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Rosebud, Mo.	
DATE REC'D BY LOCAL REG. December 11, 1954		REGISTRAR'S SIGNATURE Mrs. Marjorie Jappmeyer		25. FUNERAL DIRECTOR'S SIGNATURE Richard N N White		ADDRESS P W E N S 102	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Melvin H. D. Wentz

Licensed Embalmer No. 2838

P. O. Address OWENSVILLE

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.