No. 300
10.48

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25021

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 17

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

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Duck Creek)
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Duck Creek)
d. STREET ADDRESS (If rural, give location): R.F.D. #1, Dudley, Mo.

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3. NAME OF DECEASED (Type or Print)
a. (First): Minerva
b. (Middle):
c. (Last): Bynum

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 15, 1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired house-keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Blytheville, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Shaw
13b. MOTHER'S MAIDEN NAME: Garrison
14. NAME OF HUSBAND OR WIFE: Dudley Bynum (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Annie Timberlake, Dudley, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Exact cause of death unknown, but believed to have been of natural causes. Deceased died without having recent medical attention.

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7955
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 saw the deceased alive on _____, 19__, and that death occurred at* 1:30 Pm, *from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Rainey (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 6-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-55
24c. NAME OF CEMETERY OR CREMATORY: Hobbs Chapel
24d. LOCATION (City, town, or county) (State): Stoddard County, Mo.

DATE REC'D BY LOCAL REG.: 7/16/55
REGISTRAR'S SIGNATURE: Pearl Reed 490
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 508, working under my personal supervision.

Student Lucille Ramsey
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3479

P. O. Address [illegible]

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.