

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35989

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1268

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Holland Nursing Home (Grandview) 1300 N. 10th St.</u>			e. STREET ADDRESS (If rural, give location) <u>Hotel Robidoux</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>M.</u> c. (Last) <u>BINSWANGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1955</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>January 16, 1872</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance broker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Binswanger</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Harbougher</u>		14. NAME OF HUSBAND OR WIFE <u>Illma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-36-3807</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin E. Binswanger</u> ADDRESS <u>502 N. 22nd, St. Joseph, Mo</u>		
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>Acute cardiac failure</u> ANTECEDENT CAUSES <u>cardiac</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis, enlargement</u> <u>Arteriosclerotic cardiovascular renal</u> DUE TO (c) <u>disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L42X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>months</u> <u>several</u> <u>years.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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>1945</u> , 19 <u> </u> , to <u>Nov. 27,</u> , 1955, that I last saw the deceased alive on <u>11-25-55</u> , 19 <u> </u> , and that death occurred at <u>10:15a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Handley</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>111 Physician & Surgeons Bldg., St. Joseph, Missouri</u>		23c. DATE SIGNED <u>11-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/29/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adath Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 6, 1955</u>	REGISTRAR'S SIGNATURE <u>Lochner M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton Bowman</u> ADDRESS <u>St. Joseph, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Hawkins

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 *James B. Hawkins*

Licensed Embalmer No. *453*

P. O. Address *319 So. 10th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.