

FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20883

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY JASPER.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. LENGTH OF STAY (in this place) 5 WKS		c. CITY OR TOWN Pineville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 06001			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) Ross c. (Last) Binding			4. DATE OF DEATH (Month) (Day) (Year) 6-5-1956				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 9-28-1887	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 7		IF UNDER 4 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. PATRICK'S NAME C. R. Binding			13b. MOTHER'S MAIDEN NAME KATHERINE SICKINGER			14. NAME OF HUSBAND OR WIFE Jeweh Binding	
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 442-03-2786		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jeweh Binding Pineville Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) NO		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease				INTERVAL BETWEEN ONSET AND DEATH about year	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					
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) 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 9-2-1951 , to 6-5-1956 , that I last saw the deceased alive on 6-5-1956 , and that death occurred at 1:25 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) P. L. Laney M.D.				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 6-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-7-1956		24c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEM.		24d. LOCATION (City, town, or county) (State) Pineville, Mo.	
DATE REC'D BY LOCAL REG. 6-20-56		REGISTRAR'S SIGNATURE Dove Merriman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. M. Humphrey, Pineville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1956

JUN 25 1956

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.....
F. M. Humphrey

Licensed Embalmer No. 477

P. O. Address... Noel

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