

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38695**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5699 Registrar's No. 17

6590

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before ad. instn.) a. STATE <u>Missouri</u> b. COUNTY <u>Humphreys</u>	
b. CITY (If outside corporate limits, write RURAL and give Township) <u>Avalon Fairview Twp.</u>		c. CITY OR TOWN <u>Avalon</u>	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 <u>3 Mi N.E. of Avalon</u>		f. STREET ADDRESS (If rural, give location) <u>3 Mi N.E. of Avalon</u>	

0590

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) _____ c. (Last) <u>BINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 4 1871</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hannie Eckert</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>496-42-3000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hannie Bingham</u> ADDRESS <u>Avalon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease with coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>	
		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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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 \_\_\_\_\_, 1947 to \_\_\_\_\_, 1956, that I last saw the deceased alive on 29 Nov. 1956, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Grace M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, MO.</u>		23c. DATE SIGNED <u>30 Nov. 56</u>	
---------------------------------------------------------------	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u>	
---------------------------------------------------------	--	--------------------------	--	----------------------------------------------------	--	--------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>11-30-56</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME: Chillicothe, Mo</u> ADDRESS _____	
------------------------------------------	--	----------------------------------------------	--	--------------------------------------------------------------------------------------------	--

1710

**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 *Edgar Raman* .....

Licensed Embalmer No. *4036* .....

P. O. Address .....

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.