

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018913
State File No.

FILED MAY 26 1958

Registrar's No. 116

BIRTH NO. _____ REG. DIST. NO. 19 PRIMARY REG. DIST. NO. 5667

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) _____	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN San Diego 80407	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp		e. STREET ADDRESS (If rural, give location) U. S. Grand Hotel	

3. NAME OF DECEASED (Type or Print)	a. (First) Flora	b. (Middle) M.	c. (Last) Bingham	4. DATE OF DEATH (Month) (Day) (Year) May 23, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 4, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Troy, New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Horace U. Young	13b. MOTHER'S MAIDEN NAME Henritta Hodges	14. NAME OF HUSBAND OR WIFE William D. Bingham
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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. Unk	17. INFORMANT'S SIGNATURE OR NAME Mrs Rea B. Duncan	ADDRESS Silex, Missouri.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis		
ANTECEDENT CAUSES		DUE TO (b) INTESTINAL OBSTRUCTION & SURGERY FOR SAME	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) ADHESIONS, POST-OPERATIVE	
II. OTHER SIGNIFICANT CONDITIONS		ARTERIOSCLEROSIS, GEN. 5705	
Conditions contributing to the death but not related to the disease or condition causing death.		UNK.	

19a. DATE OF OPERATION 5/1/58	19b. MAJOR FINDINGS OF OPERATION COMPLETE INTESTINAL OBSTRUCTION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **MAY 23, 1958**, and that death occurred at **9:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Berry (Degree or title) M.D. 0	23b. ADDRESS Troy, Missouri	23c. DATE SIGNED 5/24/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5/26/58	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. May-24-1958	REGISTRAR'S SIGNATURE Charlotte Leek	25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home	ADDRESS Troy, Mo.
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DEPUTY (Licensed Embalmer's Statement on Reverse Side)

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

55

MAY 26 1958

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, AKK....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Marsh

Licensed Embalmer No....3932

P. O. Address Troy, Missou

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.