

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018960  
State File No.

FILED MAY 26 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 84

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>                      |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Macon</u> c. LENGTH OF STAY (In this place) <u>33 yrs.</u> |  | c. CITY OR TOWN <u>Macon</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 <u>301 S. Rollins</u>  |  | e. STREET ADDRESS (If rural, give location) <u>301 S. Rollins</u>  |  |

|                                     |                         |                           |                         |  |
|-------------------------------------|-------------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Henry</u> | b. (Middle) <u>Albert</u> | c. (Last) <u>Binder</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 58</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>Sept. 24, 1894</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--|---|-----------------------------|-----------------------------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

|                                       |  |  |
|---------------------------------------|--|--|
| 13a. FATHER'S NAME <u>A.H. Binder</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophia Meyers</u> | 14. NAME OF HUSBAND OR WIFE <u>Dora Binder</u> |
|---------------------------------------|--|--|

|   |  |   |                           |
|---|--|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW-1</u> | 16. SOCIAL SECURITY NO. <u>486-38-6566</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Binder</u> | ADDRESS <u>Macon, Mo.</u> |
|---|--|---|---------------------------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Prostatic Carcinoma</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>-</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>General Metastases</u> |  |  |
|  | DUE TO (c) _____  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <u>177X</u> |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 Jan. 1957, to May 11, 1958, that I last saw the deceased alive on May 11, 1958, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>2 Macon, Mo.</u> | 23c. DATE SIGNED <u>5/13/58</u> |
|---|----------------------------------|---------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 14, 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u> |
|---|-------------------------------|--|--|

|   |  |   |                          |
|---|--|---|--------------------------|
| DATE REC'D BY LOCAL REG. <u>5/15/58</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Macon Mo.</u> |
|---|--|---|--------------------------|

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

6-11

18-0

1958 JUN 6

MS SEP 1 1958

MAY 26 1958

Date Filed ..... 5. 20. 58

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..... Charles L. Hutton

Licensed Embalmer No. 4571

P. O. Address Macon, Ga

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.