

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046692

FILED VS. JAN 11 1961

172 Primary Registration District No. 4270 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dover Township		Length of stay in 1b 39 yrs.		c. CITY OR TOWN Higginsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 Mi. N. of Higginsville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1/2 Mi. N. of Higginsville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Warren Middle Herman Last Binker				4. DATE OF DEATH Month 12 Day 27 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-19-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HR Hours 8 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Holstein, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Herman Binker			13b. MOTHER'S MAIDEN NAME Charlotte Jasper			14. NAME OF HUSBAND OR WIFE Alvena Schwanholt Binker			
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. none		17. INFORMANT Address Mrs. Alvena Binker Higginsville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stokes-Adams Syndrome DUE TO (b) ASHD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH few minutes Several years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 3:30 AM Month, Day, Year 12-27-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Higginsville Mo.		COUNTY Corder STATE Missouri	
21. I attended the deceased from 1956 to 12-27-60 and last saw him alive on 12-27-60 Death occurred at 3:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Stilton E. Wilkinson M.D.					22b. ADDRESS Higginsville Mo.		22c. DATE SIGNED 12-31-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-30-1960	23c. NAME OF CEMETERY OR CREMATORY Lutheran		23d. LOCATION (City, town, or county) (State) Corder Missouri				
24. FUNERAL DIRECTOR Forrest A. Hoefler Higginsville, Mo.				25. DATE RECD. BY LOCAL REG. Jan-3-1961		26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest R. Hoefler

Licensed Embalmer No. 4801

P. O. Address Higginsville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
it 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.