

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031851

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10360

20360

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED SEP 11 1963

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lyon township Length of stay in 1b 35 yrs
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi NW of Leslie Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Franklin
 c. CITY OR TOWN RR Leslie Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5 mi NW of Leslie Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
CHARLES EDWARD BINGAMAN

4. DATE OF DEATH Month Day Year
Aug 31 63

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 23 Sept 77 9. AGE (last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY retired 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Henry Green Bingham 13b. MOTHER'S MAIDEN NAME Amanda Batmann 14. NAME OF HUSBAND OR WIFE Daisy Mae Pritchard

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. [redacted] 17. INFORMANT Address Mrs John Lampke Leslie, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Myocardial Infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery Disease
 DUE TO (c) _____
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to 8-31-63 and last saw him alive on 8-31-63
 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Gerald 22c. DATE SIGNED 9-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3 Sept 63 23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery 23d. LOCATION (City, town, or county) (State) Manchester, Missouri

24. FUNERAL DIRECTOR ADDRESS E J Meyer Gerald, Mo. 25. DATE RECD. BY LOCAL REG. Sept 3-1963 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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

Finley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union, Mo.

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.