

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7963

0170

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

BIRTH NO.		REG. DIST. NO. 386		PRIMARY REG. DIST. NO. 5199		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard Van Horn		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard Rural		0170		
d. FULL NAME OF HOSPITAL OR INSTITUTION No				d. STREET ADDRESS (If rural, give location) Van Horn Twp				
3. NAME OF DECEASED (Type or Print) a. (First) Mortiz b. (Middle) Edward c. (Last) Bingham			4. DATE OF DEATH (Month) (Day) (Year) March 10, 1950					
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 21-1886		
9. AGE (In years last birthday) 63		10. MONTHS 7		11. DAYS 19		12. IF UNDER 14 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Carroll County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Robert J. Bingham			13b. MOTHER'S MAIDEN NAME Jane Starnes			14. NAME OF HUSBAND OR WIFE Dema Bingham Bogard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Dema Bingham Bogard ADDRESS Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease Eyes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200					INTERVAL BETWEEN ONSET AND DEATH Instantly	
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)				
21d. TIME (Month) (Day) (Year) (Hour) INJURY 3-10-1950 12th		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 March 1950 , that I last saw the deceased alive on March 1950 , and that death occurred at 12 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. M. Howard M.D. Carroll Mo.				23b. ADDRESS Mo.		23c. DATE SIGNED 3-11-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-12-1950		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Bogard Mo.		
DATE REC'D BY LOCAL REG. March 11-1950		REGISTRAR'S SIGNATURE Bunice Street		25. FUNERAL DIRECTOR'S SIGNATURE E. Adkinson		ADDRESS Bogard Mo.		

RECEIVED MAR 14

District Health Officer No. 8,

District File Number _____

Date Filed 3-22-56

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 _____
Student Embalmer

Signed E. L. Dickerson

Licensed Embalmer No. 253K

P. O. Address Bogard 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 this body is not embalmed, fact should be so stated above.