

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19027**

FILED MAY 19 1953

BIRTH NO. **30186** REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **60-19** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Ray 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Crick		c. CITY OR TOWN Crick	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS Street not listed	
d. FULL NAME OF HOSPITAL OR INSTITUTION Street not listed		d. STREET ADDRESS Street not listed	
3. NAME OF DECEASED a. (First) Joy b. (Middle) Lea c. (Last) BINGHAM		4. DATE OF DEATH MAY 10, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 3, 1953
9. AGE (in years, last birthday) 0 0 7		10. KIND OF BUSINESS OR INDUSTRY none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and State of Foreign Country) Lexington, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James O. Bingham	
13b. MOTHER'S MAIDEN NAME Shirley Tompa Bames		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME James O. Bingham		ADDRESS Crick, Missouri	
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) Acute Dilatation of Heart. ANTECEDENT CAUSES DUE TO (b) Pyloric Stenosis DUE TO (c) Malnutrition II. OTHER SIGNIFICANT CONDITIONS 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"/>		7720	
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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 5/10/1953 , to 5/10/1953 , that I last saw the deceased alive on 5/10/1953 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. E. Q. Ream A.B. DO.		23b. ADDRESS Richmond, Mo	
23c. DATE SIGNED 5/11/53		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. NAME OF CEMETERY OR CREMATORY Gravey Hill	
24c. LOCATION (Only town, or county) (State) Richmond, Missouri		24d. DATE	
DATE REC'D BY LOCAL REG. 5-15-53		REGISTRAR'S SIGNATURE Helen J. Lark	
25. FUNERAL DIRECTOR'S SIGNATURE 272		ADDRESS 2405 1/2 E. LUTHERAL HOME RICHMOND, MISSOURI	

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

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 *George H. Peile* _____

Licensed Embalmer No. *4066* _____

P. O. Address *Belvidere, 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.