

5. No. 300
10. 48

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35956

BIRTH NO. _____ PRIMARY REG. DIST. NO. 360 REGISTRAR'S No. 157

1. PLACE OF DEATH
a. COUNTY **VERNON**
b. CITY (If outside corporate limits, write RURAL and give township) **NEVADA**
c. LENGTH OF STAY (in this place) **2 WKS.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **MANLYVE CONV. HOME**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **VERNON**
c. CITY (If outside corporate limits, write RURAL and give township) **1080**
d. STREET ADDRESS **0**

3. NAME OF DECEASED (Type or Print)
a. (First) **AUGUST**
b. (Middle) **N.**
c. (Last) **BINGEL**
d. DATE OF DEATH (Month, Day, Year) **Sept 28 1950**

5. SEX **MALE**
6. COLOR OR RACE **WHITE**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED**
8. DATE OF BIRTH (Month, Day, Year) **JAN. 11 - 1890**
9. AGE (In years, if under 1 year; if under 1 month, state Month, Day, Year) **60**
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**
11. BIRTHPLACE (State or foreign country) **GERMANY**
12. CITIZEN OF WHAT COUNTRY? **U.S.H.**

13a. FATHER'S NAME **PHILLIP BINGEL**
13b. MOTHER'S MAIDEN NAME **IRVINE TURRO**
14. NAME OF HUSBAND OR WIFE **None**

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'S SIGNATURE OR NAME **Mrs. John Boyd Rich & wife**
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Malignant lymphoma (Hodgkin's disease)**
b. _____
c. _____
2. ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
3. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**
4. MAJOR FINDINGS OF OPERATION **None**

19a. DATE OF OPERATION **None**
20. AUTOPSY? **201X**
YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE
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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **7-11 1950**, to **9-28 1950**, that I last saw the deceased alive on **9-28 1950**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Stata Davis, M.D.**
23b. ADDRESS (Degree or title) **Neveda Mo.**
23c. DATE SIGNED **10-1-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**
24b. DATE **OCT. 1 - 1950**
24c. NAME OF CEMETERY OR CREMATORY **PRYOR CREEK**
24d. LOCATION (City, town, or county) **VERNON COUNTY, MO**

DATE REC'D BY LOCAL REG. **Oct. 2, 1950**
REGISTRAR'S SIGNATURE **Walter H. Hays**
FUNERAL DIRECTOR'S SIGNATURE **Booth Turner**
ADDRESS **Booth Turner Funeral Home - Red Hills, Mo**

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

(Signed Embroider) Statement on Reverse Side

DIVISION OF HEALTH OF MD.
 Springfield
 District No. 5
 OCT 24 1950
 RECEIVED
 District File 1050-2153
 Date Filed 10-25-50

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 _____
 working under my personal supervision.

Student Embalmer No.
 Signed *John A. Underwood*
 Licensed Embalmer No. 3585
 P. O. Address *Butler MD*

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.