S. No. 2
DM—2-43
v. 5-17-39
Se I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1945

State File No. 37130

Registration District No. 178

Primary Registration District No. 5440

Registrar's No. 140

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

**1. PLACE OF DEATH:**

(a) County Gasconade

(b) City or town Rural "Clay Twp." (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bland, Mo. R. 1. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 38 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Gasconade Co.

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Bland Route 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD BURNARD DINKELA

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Wilimina Kottsiek Dinkela

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 3 (Day) 1868 (Year)

8. AGE: Years 77 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Emden (City, town, or county) Germany (State or foreign country)

10. Usual occupation Farmer & Carpenter

11. Industry or business

MOTHER FATHER

12. Name Herman Dinkela

13. Birthplace Emden (City, town, or county) Germany (State or foreign country)

14. Maiden name Fannie Kline

15. Birthplace Emden (City, town, or county) Germany (State or foreign country)

16. (a) Informant FRANK DINKELA

(b) Address OWENSVILLE, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bland Union Cemetery

18. (a) Signature of funeral director Milford H. H. Wimbet

(b) Address Owensville, Mo.

19. (a) Oct. 13. 1945 (Date received local registrar) (b) R. M. Murray (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 10 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 10-8, 1945 to 10-10, 1945 that I last saw him alive on 10-10, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Stomach with metastases | 6 mos. |
| Due to | |
| Due to | |
| Other conditions: Advanced Arteriosclerosis (Include pregnancy within 3 months of death) | 2 yrs |

Major findings: Of operation Carcinoma of Stomach with metastases

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul A. Brunner (M. D. or other)

Address Owensville, Mo. Date signed 10-11-45

1508

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number _____

Date Filed 12-14-45

## 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 Me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Milford H. H. Winkler

Licensed Embalmer No. 3838

P. O. Address Owensville 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.**