

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4735

State File No.

47-0

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

| | | | | | | | | |
|--|--|--|--|--|--|---|---|--------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>5562</u> | | Registrar's No. <u>9</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | | | | |
| b. CITY OR TOWN <u>Ironton</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Ironton</u> | | 47 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Adolph</u> c. (Last) <u>Dinger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1949</u> | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify) | 8. DATE OF BIRTH <u>Mar. 8 1882</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Days <u>11</u> | IF UNDER 24 HRS. Hours <u>9</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>restaurant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ironton Mo. D</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Franz Dinger</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Blanche McFarland Dinger</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melvin Dinger Ironton Mo.</u> | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1-17-49</u> ? ? ? | |
| 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 OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>1-15</u> , 19 <u>49</u> , to <u>2-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>49</u> , and that death occurred at <u>6:15 P.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. E. Farland M.D. C</u> | | | | 23b. ADDRESS <u>Ironton, Missouri</u> | | 23c. DATE SIGNED <u>2-19-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Feb. 20 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Mar-49</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> <u>128</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Mo.</u> | | | | |

RECEIVED

District Health Officer No. 4

District File Number 349-332

Date Filed 3-8-49

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.

Signed Arcey White

Signed _____
Student Embalmer

Licensed Embalmer No. 9012

P. O. Address San Jose, Cal.

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.