

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36368

State File No.
Registrar's No. 1291

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

11
7

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 3		c. LENGTH OF STAY (In this place) 2 da.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Burr Oak 14		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 708 Lincoln St.			d. STREET ADDRESS (If rural, give location) RFD. #1, Wathena, 2		
3. NAME OF DECEASED (Type or Print) a. (First) Erastus		b. (Middle) Arthur		c. (Last) Diming	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1949					
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed	8. DATE OF BIRTH June 28, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Dinning		13b. MOTHER'S MAIDEN NAME Sarah Twitchler		14. NAME OF HUSBAND OR WIFE Stella Wykert Dinning	
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. Yula Meers	
				ADDRESS St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY HEART DISEASE DUE TO (c) ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
			INTERVAL BETWEEN ONSET AND DEATH 5 MIN 3 MO UNKNOWN 4201		
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 15 OCT 1949 to Nov. 26, 1949, that I last saw the deceased alive on Nov. 26, 1949, and that death occurred at 7:15 P.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Clarence C. Johnson MD 0</i>			23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 11/28/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Nov 28, 1949		REGISTRAR'S SIGNATURE <i>E. C. Jenkins 382</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John Linderson, Wathena, Mo.</i>	

W. H. Shumard
Schneider 13264

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 John C. Anderson
John C. Anderson

Licensed Embalmer No. 4760

P. O. Address Wathena, Kansas

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.