

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12517

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL New Haven Mo</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Biggs Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR NEW HAVEN MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>W</u>		c. (Last) <u>DINGERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 50</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>2-21-1864</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>23</u>		IF UNDER 2 HRS. Hours <u>23</u>		IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NEW HAVEN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FREDRICK DINGERSON</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE REDDIEKER</u>		14. NAME OF HUSBAND OR WIFE <u>EMILIE DINGERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Dingson</u> ADDRESS <u>New Haven Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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) _____		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>3-13</u> , 19 <u>50</u> , to <u>3-16</u> , 19 <u>50</u> that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Matthews</u> (Degree or title)				23b. ADDRESS <u>New Haven Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-50</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>CASCO CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CASCO MO</u>	
DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Pearty + Son</u>		ADDRESS <u>New Haven Mo</u>	

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

0360

RECEIVED 3-14-52  
District Health Officer No. 9,  
District File Number

**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 Earl Fertig

Licensed Embalmer No. 23385

P. O. Address New Haven, Conn.

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.