

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13820

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Monroe		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON Rural		c. LENGTH OF STAY (in this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON Rural		d. STREET ADDRESS (If rural, give location) 0670
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) MAY c. (Last) DINKIE			4. DATE OF DEATH (Month) (Day) (Year) 4 10 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-12-1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 10 Hours 29 IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Monroe Carter		13b. MOTHER'S MAIDEN NAME Martha Cathleen Fields		14. NAME OF HUSBAND OR WIFE E. T. DINKIE	
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 ADDRESS W.R. Carter 721 Missouri at Columbus Mo		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH W.K.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			4222
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? did not see her	

22. I hereby certify that I attended the deceased from **4-12-1950**, to **4-11-1950**, that I had seen the deceased alive on _____, 19____, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.H. Barnett M.D.		23b. ADDRESS Paris, Mo		23c. DATE SIGNED 4-12-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 2		24b. DATE 4/13-1950	24c. NAME OF CEMETERY OR CREMATORY Centralia		24d. LOCATION (City, town, or county) (State) Centralia Monroe Co Mo
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DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE Anne Margaret Burditt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred G. Thompson	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690-1

RECEIVED APR 18 1950
District Health Officer No.
District File Number 4-50-6
Date Filed APR 18 1950

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 _____

Licensed Embalmer No. 1420

P. O. Address Madison, 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.