

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20047

BIRTH NO. 23555-50 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 25

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. CITY OR TOWN <u>Middlebrook</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Lee</u> c. (Last) <u>Dinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 18 1950</u>	9. AGE (In years last birthday) <u>0</u>	10. <u>1</u> YEAR <u>6</u> DAYS <u>0</u> HOURS <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Franz Dinger</u>	13b. MOTHER'S MAIDEN NAME <u>Maurine Barton</u>	14. NAME OF HUSBAND OR WIFE <u>#</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Franz Dinger, Middlebrook Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 days</u> <u>1 mo</u> <u>7 1/2 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Feeding problem</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) (Min.)	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 5-23, 1950, to 5-24, 1950, that I last saw the deceased alive on 5-24, 1950, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Harland, M.D.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>5-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank White</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0470

RECEIVED

JUN 15 1950

DISTRICT HEALTH OFFICE No. 4

File No. 650-792

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... Arcey White

Signed.....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Newton Mass

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.