

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20048

BIRTH NO. 23554-50 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 24

0470

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

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY OR TOWN Ironton		c. CITY OR TOWN Middlebrook 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 11	

3. NAME OF DECEASED (Type or Print)	a. (First) Ronald	b. (Middle) Edward	c. (Last) Dinger	4. DATE OF DEATH (Month) (Day) (Year) May 24 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 18 1950	9. AGE (In years last birthday) Months Days Hours Mins. 0 1 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Franz Dinger	13b. MOTHER'S MAIDEN NAME Maurine Barton	14. NAME OF HUSBAND OR WIFE #
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Franz Dinger, Middlebrook Mo.
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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 1 day 2 days 1 mo. 774X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bilateral bronchial pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Feeding Problem		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 5-24-50, 1950, and that death occurred at 11.00 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. E. Farland M.D. (Degree or title)	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 5-29-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-26-50	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Bismarck Mo.
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DATE REC'D BY LOCAL REG. June 1, 1950	REGISTRAR'S SIGNATURE Mrs. Ann Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 15 1950

DISTRICT HEALTH OFFICE No. 4

File No. 650-293

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 Arnel J. White

Signed
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address District 1000

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.