No. 300
10-48

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11925

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5278 Registrar's No. 15

230
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Twp.
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka 1230
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle): Albert
c. (Last): Dinger

4. DATE OF DEATH (Month) (Day) (Year): 3-31-51

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11-17-1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Dinger
13b. MOTHER'S MAIDEN NAME: Phillpine Bess
14. NAME OF HUSBAND OR WIFE: Lena Theise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Henry Dinger — ADDRESS: Kahoka 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-, 1949, *to* 3-31, 1951, *that I last saw the deceased alive on* 3-31-, 1951, *and that death occurred at* 6-30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S H Channing DO
23b. ADDRESS: Kahoka Mo
23c. DATE SIGNED: 4-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-2-51
24c. NAME OF CEMETERY OR CREMATORY: St Paul Cemetery
24d. LOCATION (City, town, or county) (State): Clark Co. Mo

DATE REC'D BY LOCAL REG.: 4/9-51
REGISTRAR'S SIGNATURE: H. Bridges 61
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred J Karle

(Licensed Embalmer's Statement on Reverse Side)

Date Received: APR 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-79
Date Filed: APR 19 1951

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.....
Student Embalmer

Signed Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.