

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26715**
Registrar's No. **73**

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024**

1. PLACE OF DEATH a. COUNTY Howard 0451		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 0451	
c. LENGTH OF RESIDENCE (Specify month and year) 32 yrs		d. STREET ADDRESS (If rural, give location) 501 W. Elm St. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 501 W. Elm St.			

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) --- c. (Last) Dinkle	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1879	9. AGE (In years last birthday) 72	# UNDER 1 YEAR 6	# UNDER 1 HR. 7	# UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Own Shop	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Dinkle	13b. MOTHER'S MAIDEN NAME Sarah F. Geary	14. NAME OF HUSBAND OR WIFE Cassie Hackley
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Paul Dinkle Fayette, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Cor. Arteriosclerosis - 5 yrs 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Fayette Howard Mo
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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 **July 20, 1951** to **7-26, 1951**, that I last saw the deceased alive on **7-26, 1951**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M.D. (Degree or title)	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 7-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/26/51	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, MO
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DATE REC'D BY LOCAL REG. 7-26-51	REGISTRAR'S SIGNATURE Mary K. Sheel 436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna A. Carr Fayette, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-28-51

DISTRICT HEALTH OFFICE No. 2

District File Number

Date Filed 8-28-51

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.