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

FILED MAR

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THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5726

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) BELLE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL (JEFFERSON TOWNSHIP)	
c. LENGTH OF STAY (in this place) 3 1/2 mos.		d. STREET ADDRESS (If rural, give location) home of son	

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) JAMES c. (Last) DINGLEY			4. DATE OF DEATH (Month) (Day) (Year) FEB 18 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 24th 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME EDWARD DINGLEY		13b. MOTHER'S MAIDEN NAME SARAH SAVAGE		14. NAME OF HUSBAND OR WIFE ORPHA (Miles) Dingley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EGBERT DINGLEY, BELLE, MISSOURI	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration with terminal decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, advanced 5 yrs. DUE TO (c) Cystitis, chronic, recurrent II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 8 mos. 3 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221			18. 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) m.		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 7-4, 1951, to 2-18, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 7:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pauline Howard, M.D.		23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 2-22-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 21-52		24c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY		24d. LOCATION (City, town, or county) (State) OSAGE COUNTY, MISSOURI	
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DATE REC'D BY LOCAL REG. 2-26-52		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SASSMANN FUNERAL SERVICE - BELLE	
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(Licensed Embalmer's Statement on Reverse Side)

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 Chetan Sasser

Licensed Embalmer No. 4128

P. O. Address Bland - Ind.

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.