

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18473

State File No.

BIRTH NO.		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>6417</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>				
b. CITY OR TOWN <u>Hornersville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Hornersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Rural, N. of Hornersville</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Milton</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Dinkins</u>		
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>13</u>		(Year) <u>54</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>May 26, 1883</u>		
9. AGE (in years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Matthew Dinkins</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Rutter</u>		13c. NAME OF HUSBAND OR WIFE <u>Naura Dinkins</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES				
				DUE TO (b) <u>Myocarditis</u> 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				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)		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 <u>about 1 month</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>54</u> , and that death occurred at <u>3:00</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Cardwell, MO</u>		23c. DATE SIGNED <u>7-7-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo MO</u>		
DATE REC'D BY LOCAL REG. <u>7/19/54</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinschberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heath Paragould, Ark.</u>		ADDRESS		

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

RECEIVED DUNKLIN COUNTY HI

DEPARTMENT..... 7-14

COUNTY FILE NUMBER 254-

JUL 16 1959

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**