No. 300
10.48

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30498

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Within City Limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Henry
c. CITY OR TOWN: Montrose
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural

0421

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Leslie
c. (Last): Dines

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 4-1903
9. AGE (In years last birthday): 52 — 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 (City and State or Foreign Country): St. Clair County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Dines
13b. MOTHER'S MAIDEN NAME: Minnie Carroll
14. NAME OF HUSBAND OR WIFE: Georgia Mae Dines

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. 500-05-9446
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ralph Schmitt, Appleton City

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gun Shot Wound Self Inflicted

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

976X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home of wife
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Appleton City, St. Clair Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-5, 1955 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Single barrel Shot gun discharged

22. *I hereby certify that I attended the deceased from* Approximately *19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Forrest B. [illegible] Coroner
(Degree or title)
23b. ADDRESS: Osceola Missouri
23c. DATE SIGNED: 10-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8- 1955
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cemetery
24d. LOCATION (City, town, or county) (State): Appleton City, Mo.

DATE REC'D BY LOCAL REG.: Oct. 8 1955
REGISTRAR'S SIGNATURE: Chas Abney 285-D
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Melvin L. Janssens Appleton City

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 452

P. O. Address Appleton C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.