

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 61

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|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL OZARK</u> | | c. LENGTH OF STAY (In this place) _____ | c. CITY OR TOWN <u>BEH</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | e. STREET ADDRESS (If rural, give location) _____ | |
| 3. NAME OF DECEASED a. (First) <u>DEBRA</u> b. (Middle) <u>RAE</u> c. (Last) <u>DINGER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 26 1955</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>JULY 2 1955</u> |
| 9. AGE (In years last birthday) <u>4</u> | IF UNDER 1 YEAR Months <u>24</u> | IF UNDER 24 HRS. Hours <u>24</u> | IF UNDER 1 MIN. Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>CALIFORNIA</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>HOWARD DINGER JR</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>RUTH STEPHEN</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>HOWARD DINGER</u> ADDRESS <u>ALLIANCE O.</u> | |
| 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) <u>SKULL FRACTURE</u> 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 _____ | 20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HY 66</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>OZARK</u> (COUNTY) <u>WEBSTER</u> (STATE) <u>MO.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 26 1955 7:30A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>TWO CAR ACCIDENT</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30A</u> ., from the causes and on the date stated above. | | | 23a. SIGNATURE <u>H. H. Kelley Coroner</u> (Degree or title) _____ |
| 23b. ADDRESS <u>Raymour Mo.</u> | | 23c. DATE SIGNED <u>11-28-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>12-1-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON FALLS</u> | 24d. LOCATION (City, town, or county) (State) <u>NEWTON FALLS O.</u> |
| DATE REC'D BY LOCAL REG. <u>11-28-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>OR BARBER</u> ADDRESS <u>MARSHFIELD MO</u> | |

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

FEB
3 1958

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.....
W. W. Barber

Licensed Embalmer No. 38

P. O. Address.....
mta

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.