

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006890
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Clair</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		a. STATE <u>Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		b. COUNTY <u>St. Clair</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eliott Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0930</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Minnie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Dines</u>		Date (Month) (Day) (Year) <u>Feb. 25-1958</u>	
(Type or Print)							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May-22-1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Clair County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Carroll</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Sanders</u>			14. NAME OF HUSBAND OR WIFE <u>John H. Dines</u>	
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 ADDRESS <u>Mrs. Ralph Schmitt, Appleton City, Mo.</u>		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
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? <u>2</u>	
						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)			
				<u>331X</u>			
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			
22. I hereby certify that I attended the deceased from <u>5 Feb 1958</u> , to <u>25 Feb 1958</u> , that I last saw the deceased alive on <u>24 Feb 1958</u> , and that death occurred at <u>6:40 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. F. Ellett, M.D.</u> (Degree or title)				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>25 Feb 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-27-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 27, 1958</u>		REGISTRAR'S SIGNATURE <u>Clara Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin G. Ganssens</u>		ADDRESS <u>Appleton City</u>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melvin L. Janssen

Licensed Embalmer No. *4589*

P. O. Address *Appleton City*

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.