

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025113

STATE FILE NUMBER

FILED AUG 4 1958		Registration District No. 118		Primary Registration District No. 5439		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp.		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Bland		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in lb 78 yrs.		d. STREET ADDRESS Route 1		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Anna Marie Dinkela				4. DATE OF DEATH Month Day Year July 26 1958			
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Aug. 6, 1873	9. AGE (In years) 84	10. FUNDER 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) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anthony Kottsick		13b. MOTHER'S MAIDEN NAME Marie Zimman		14. NAME OF HUSBAND OR WIFE Edward B. Dinkela			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Anna Dinkela Bland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis, Generalized DUE TO (c) Hypertension 443X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - 20 yrs.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 5 yrs. 5 yrs.	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Aug. 1956 to July 26, 1958 and last saw her alive on July 25, 1958 Death occurred at 3:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James Brown, M.D.				22b. ADDRESS Garnerville, Mo.		22c. DATE SIGNED 7-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-29-1958		23c. NAME OF CEMETERY OR CREMATORY Bland Union Cemetery		23d. LOCATION (City, town, or county) (State) Bland, Mo.	
24. FUNERAL DIRECTOR Melford H H Winter				25. DATE RECD. BY LOCAL REG. July 29, 1958		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Melford H H Winter*

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE*

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.