

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041165

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. CHARLES</b>		c. CITY OR TOWN <b>ST. CHARLES</b> c 920 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R.# 2</b>		d. STREET ADDRESS (If outside, give location) <b>R.R.#2</b>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE EDWARD DINGLEDINE</b>			4. DATE OF DEATH Month Day Year <b>NOV. 23, 1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 28, 1899</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days <b>0 23</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>	11. BIRTHPLACE (City and state or country) <b>ST. CHARLES COUNTY MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANDERSON DINGLEDINE</b>	13b. MOTHER'S MAIDEN NAME <b>EMELIE FLOYD</b>	14. NAME OF HUSBAND OR WIFE <b>JOHANNA DINGLEDINE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>702*10-8248</b>	17. INFORMANT Address <b>Mrs. Johanna Dingledine, St. Charles</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>		<b>3 1/2 yrs.</b>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Old Myocardial infarction - August, 1955</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>August, 1955</b> to <b>Nov. 23, 1958</b> and last saw <sup>her</sup> him alive on <b>Nov. 4, 1958</b> . Death occurred at <b>3:00 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Paul H. Lother MD</i> (Degree or title)	22b. ADDRESS <b>114 N. Main St. St. Charles, Missouri</b>	22c. DATE SIGNED <b>11/24/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Weldon Springs</b>	23d. LOCATION (City, town, or county) (State) <b>St. Charles County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Arthur C. Baue</b>	ADDRESS <b>St. Charles, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 26-58</b>	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
-57

MAR 1931

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 *Arthur C. Gann* .....

Licensed Embalmer No. *3151* .....

P. O. Address *St Charles Mo* .....

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.