

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-2761-004920
STATE FILE NUMBER

AMENDED FILED VS MAR 6 1961

Registration District No. 93

Primary Registration District No. 4153

Registrar's No. 61-27

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Dade

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood

Length of stay in lb 2 da.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lockwood Memorial Hosp.

Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Barton

c. CITY OR TOWN Golden City

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) none

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First ERNEST Middle HENRY Last DEININGER

4. DATE OF DEATH February 27, 1961

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH June 6, 1890

9. AGE (last birthday) 70

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail Messenger

10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept.

11. BIRTHPLACE (City and state or country) Huntly, Nebraska

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

John George Deininger

13b. MOTHER'S MAIDEN NAME

Magnolia Dinner

14. NAME OF HUSBAND OR WIFE

Emma Edith Deininger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Mrs. Emma E. Deininger, Golden City, 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)

congestive heart failure & mild uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

generalized arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 Days
Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

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 WORK 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 2-24-61 to 2-27-61 and last saw her alive on 2-27-61
Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Jerry J. Kinder M.D.

22b. ADDRESS

Lockwood, Mo.

22c. DATE SIGNED

3-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 2, 1960

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Golden City, Mo.

24. FUNERAL DIRECTOR

Phillips Funeral Home, Golden City, Mo.

ADDRESS

25. DATE RC'D. BY LOCAL REG.

3/2/1961

26. REGISTRAR'S SIGNATURE

J. C. Canada

MAR 14 1961

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 *H. Lowell Bugh*

Licensed Embalmer No. 4951

P. O. Address Golden City, 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.