

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-037044

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8465

FILED SEP 16 1965

VS 300 Rev. 4/59

1

2 0920

3

4 0

5 1

6

7 0

8 2

9

10

11

12 92-2

13

91

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Wentzville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips Hospital		d. STREET ADDRESS (If outside, give location) RR #1	
3. NAME OF DECEASED (Type or print) First Middle Last Gordon W Dingledine		4. DATE OF DEATH Month Day Year August 31 1965	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Midwest	9. AGE (last birthday) 57
11. BIRTHPLACE (City and state or country) St. Charles County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Dingledine		13b. MOTHER'S MAIDEN NAME Adeline Arras	14. NAME OF HUSBAND OR WIFE Helen Dingledine
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. 4201	
17. INFORMANT Mrs. Helen Dingledine		Address Wentzville, 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) <u>CARDIAC ARREST</u> DUE TO (b) <u>MYOCARDIAL INFARCTION</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 MIN</u> <u>8 HOUR</u> <u>1 TO 2 YR</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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 Wentzville, Mo.		COUNTY St. Charles	
20g. STATE Missouri		21. I attended the deceased from <u>12/2/61</u> to <u>8/30/65</u> and last saw her alive on <u>8/30/65</u> Death occurred at <u>12:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W B Hamilton D.O.		22b. ADDRESS 508 W OLD HWY #0 WENTZVILLE, MO.	
22c. DATE SIGNED 8/31/65		23. NAME OF CEMETERY OR CREMATORY Dingledine Cemetery	
23b. DATE 9-3-65		23c. LOCATION (City, town, or county) (State) St. Charles County, Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Removal		24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	
25. DATE RECD. BY LOCAL REG. SEP 3 1965		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

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 David P. Bane

Licensed Embalmer No. 5060

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.

1000
100
100
100
100