

CERTIFICATE OF DEATH

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 87

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>ADELINE DINGLEDINE</u>		2. <u>Female</u>		3. <u>March 3, 1971</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>White</u>		5a. <u>91</u>	5b. <u>yes</u>	5c. <u>yes</u>	6. <u>Feb 23, 1880</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. <u>St. Charles</u>		7c. <u>yes</u>		7d. <u>St. Joseph Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. <u>Missouri</u>		9. <u>USA</u>		10. <u>Widowed</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. <u>493-05-9986A</u>		13a. <u>Housewife</u>		13b. <u>Own Home</u>	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER	
14a. <u>Missouri</u> 14b. <u>Charles</u>		14c. <u>St. Charles</u>		14d. <u>yes</u> 14e. <u>#1 Prairie Haute</u>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>John Arras</u>		16. <u>Elizabeth Meyers</u>			
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. <u>Mrs. Beulah Kolkmeier</u>		17b. <u>#1 Prairie Haute, St. Charles, Mo. 63301</u>			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE			
(a) <u>Cerebral Thrombosis</u>		<u>9 days</u>	
DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			19a. <u>NO</u>	19b. <u>NO</u>
DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20b. <u>1-20-64</u>	20c. <u>3-3-71</u>	20d. <u>M. 20d</u>		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e. <u>NO</u>	20f. <u>NO</u>	20g. <u>NO</u>	20h. <u>NO</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM ALIVE ON MONTH DAY YEAR	I DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>MARTIN B. SMALLER</u>	<u>1-20-64</u>	<u>3-3-71</u>	<u>3-3-71</u>	<u>NO</u>	<u>2 1/4 P</u>

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22a. HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	22b. HOUR
22c. <u>2 1/4 P</u>		<u>3-3-71</u>	<u>3-3-71</u>	<u>2 1/4 P</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>MARTIN B. SMALLER</u>		<u>Martin B. Smaller</u>	<u>MD</u>	<u>3-4-71</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23b. <u>2850 W. CLAY</u>		<u>ST. CHARLES</u>	<u>MO</u>	<u>63301</u>

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. <u>Burial</u>	<u>Dingledine Cemetery</u>	<u>St. Charles</u>	<u>Missouri</u>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24b. <u>March 6, 1971</u>	24c. <u>Baue Funeral Home, St. Charles, Missouri 63301</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>James J. Lanning</u>	25b. <u>Patricia Stewart</u>	25c. <u>March 4, 1971</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1  
10a. 91  
10b. 01  
11. 6  
12. 2  
13. 4339  
14. 60928  
15. 4  
16. 0  
17. 0  
18. 0  
19. CREDITS  
20. 2-0

MAR 17 1971  
955  
1000

NOV 19 1971

#### 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 James P. Lanning

Licensed Embalmer No. 5438

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.