

CERTIFICATE OF DEATH

VS 300 FILED JUN 26 1975 317 Primary Registration District No. 500 Registrar's No.

DO NOT WRITE ON THIS STUB

Rev. 11/72

7b-c.
7d. 10268
8. 29
14a. 29
14b. 071
14c-d. 43002
14e.
23. 1029775
26a.
18. U. 7762
18-S.1.
18-S.2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

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

PARENTS

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST
Jeanne Lee Dingleline

2. Female

3. DATE OF DEATH (MONTH, DAY, YEAR)
June 18, 1975

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)
white

5a. AGE—LAST BIRTHDAY (YEARS) MOS. 29 5b. UNDER 1 YEAR 5c. UNDER 1 DAY

6. DATE OF BIRTH (MONTH, DAY, YEAR)
June 16, 1975

7a. COUNTY OF DEATH
St. Louis

7b. DES PERES

7c. YES

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Normandy Osteopathic Hosp. South

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
Missouri

9. CITIZEN OF WHAT COUNTRY
USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

12. SOCIAL SECURITY NUMBER

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)

13b. KIND OF BUSINESS OR INDUSTRY

14a. RESIDENCE—STATE COUNTY
Missouri

14b. CITY, TOWN, OR LOCATION, ZIP CODE
Union 63084

14c. INSIDE CITY LIMITS (SPECIFY YES OR NO)

14d. TOWNSHIP

14e. STREET AND NUMBER
R.R.#2 Box 688

15. FATHER—NAME FIRST MIDDLE LAST
John Dingleline

16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Darlene Hays

17a. INFORMANT—NAME
Mr. John Dingleline

17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
R.R. #2, Box 688, Union, Mo. 63084

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18a. IMMEDIATE CAUSE
(a) Respiratory failure

18b. DUE TO, OR AS A CONSEQUENCE OF:
(b) Respiratory Distress Syndrome

18c. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(c) Prematurity

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO)
NO

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

20b. DATE OF INJURY (MONTH, DAY, YEAR)

20c. HOUR

20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20e. INJURY AT WORK (SPECIFY YES OR NO)

20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
 YES NO UNK

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR
6 16 75

21b. TO MONTH DAY YEAR
6 18 75

21c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
6 17 75

21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
Did not

21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
3:14 AM.

22a. HOUR OF DEATH

22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

CERTIFIER

23a. CERTIFIER—NAME (TYPE OR PRINT)
Leonora E. Wimmer DO

23b. MO. LICENSE NO.
23189775

23c. SIGNATURE

23d. DEGREE OR TITLE

23e. DATE SIGNED (MONTH, DAY, YEAR)
6-18-75

23f. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24b. CEMETERY OR CREMATORY—NAME
Dingleline Cemetery

24c. LOCATION
St. Charles, Mo.

24d. DATE (MONTH, DAY, YEAR)
June 19, 1975

24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Oltmann Funeral Home 103 N. Church, Union, Mo. 63084

25a. FUNERAL DIRECTOR—SIGNATURE
Ralph Oltmann

25b. REG. NO.
251893

25c. REGISTRAR—SIGNATURE
James B. Murphy M.D.

25d. DATE RECEIVED BY LOCAL REGISTRAR
JUN 18 1975

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

BC 14430

JUL 21 1975

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 Ralph Ottmann

Licensed Embalmer No. 4808
P. O. Address Union, 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.