

V. S. No. 2  
 FORM 5-42  
 Rev. 5-17-39  
 I X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

# 34224  
 State File No. \_\_\_\_\_  
 Registrar's No. 17

FILED NOV 8 1944  
 Registration District No. 122

Primary Registration District No. 5455

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Greene  
 (b) City or town Near Republic, Republic  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community X

3. (a) PRINT FULL NAME Donald Gene Dinan  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive, years \_\_\_\_\_  
 7. Birth date of deceased: November 29, 1927  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	11	1	_____ hr. _____ min.

9. Birthplace Monett, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Telegraph Operator  
 11. Industry or business Railroad

MOTHER, FATHER {  
 12. Name Willis Henry Dinan  
 13. Birthplace Hillsbora, Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Alice Gertrude Pinkley  
 15. Birthplace Berryville, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. Ross  
 (b) Address Neosho, Missouri

17. (a) Burial (b) Date thereof Nov. 1, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett, Missouri  
Callaway, Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Monett, Missouri

19. (a) Nov-1-44 (b) Glennice Burtain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Monett  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 30  
 year 1944 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to Physician in attendance  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Due to Automobile accident, Car turned over.

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 039

(b) Date of occurrence Oct. 30, 1944

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway  
(Specify type of place)  
 While at work? In (e) Means of injury Automobile

23. Signature Glennice Burtain (M. D. or other) \_\_\_\_\_  
 Address Springfield, Mo Date signed 10-30-44

1241

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 44-11-80

Date Filed 11/6/44

DEC 4 1944

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.....  
..... Registered Apprenticé No.....  
working under my personal supervision.

Signed

*Lewis G Schayoff*

Licensed Embalmer No. 3802

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.