

FILED JUL 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23143

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

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Lane Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Lane Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0390</u>	
3. NAME OF DECEASED a. (First) <u>BEULAH</u> b. (Middle) <u>LEONAD</u> c. (Last) <u>DINKERTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-29-1915</u>
9. AGE (In years last birthday) <u>34</u>		10. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Benjamin Dill</u>	
13b. MOTHER'S MAIDEN NAME <u>Beth Potter</u>		14. NAME OF HUSBAND OR WIFE <u>Douglas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Douglas Pinkerton</u>		ADDRESS <u>Long Lane</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Killed by lightning</u> INTERVAL BETWEEN ONSET AND DEATH <u>20257</u> <u>3</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) <u>no inquest</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>030</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Long Lane Dallas Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-30-50 3:30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>In barn lat milking</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>5-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>6-2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benton Branch</u>	
24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u>	
DATE REC'D BY LOCAL REG. <u>6/24/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Buffalo Mo</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 21 1950

D. H. File 750-848

Date Filed 7-21-50

RECEIVED

District Health Officer No. 7,

District File Number _____

Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Morris B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.