No. 300
10.48

FILED OCT 15 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34115

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 73

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro
c. LENGTH OF STAY (in this place): 66 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi N.W. of Hillsboro

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Jeff. 1 5 4 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro Rural (Central)
d. STREET ADDRESS (If rural, give location): 3 mi. N.W. of Hillsboro

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): DINSE

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 16 1951

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): SINGLE
**8. DATE OF BIRTH**: July 16 1875
**9. AGE** (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Hillsboro Mo
**12. CITIZEN OF WHAT COUNTRY?**: W.S.A.

**13a. FATHER'S NAME**: Louis Dinse
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Siemer
**14. NAME OF HUSBAND OR WIFE**: —

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Henry Dinse Hillsboro Rt #1

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hillsboro, Rte #2 Jefferson Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 9 - 16 - 51 10 AM
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: None

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** (Degree or title): Benjamin Mauchus Coroner
**23b. ADDRESS**: 101 Main St Pastus Mo
**23c. DATE SIGNED**: 9-18-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept 19 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Good Shepherd Cemetery
**24d. LOCATION** (City, town, or county) (State): Hillsboro Mo.

**DATE REC'D BY LOCAL REG.**: 9-24-51
**REGISTRAR'S SIGNATURE**: Kaldam Marsden 141
**25. FUNERAL DIRECTOR'S SIGNATURE**: Donnell B. Dietrich
**ADDRESS**: Desto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-8-71

## 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 .....
Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desoto Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.