

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38447

BIRTH NO. _____ REG. DIST. NO. 911 PRIMARY REG. DIST. NO. 4456 Registrar's No. 41

I. PLACE OF DEATH

a. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Ellett Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo. b. COUNTY St. Clair

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City

d. STREET ADDRESS (If rural, give location) 0430

3. NAME OF DECEASED

a. (First) John b. (Middle) Logan c. (Last) Dines

4. DATE OF DEATH

(Month) (Day) (Year)
Nov. 16 - 1954

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 16 - 1871

9. AGE (In years last birthday)

83

10. IF UNDER 1 YEAR

10

11. IF UNDER 12 HRS.

-

12. IF UNDER 1 MIN.

-

13. IF UNDER 1 MIN.

-

14. IF UNDER 1 MIN.

-

15. IF UNDER 1 MIN.

-

16. IF UNDER 1 MIN.

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17. IF UNDER 1 MIN.

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18. IF UNDER 1 MIN.

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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (State or foreign country)
Roscoe Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

William Dines

13b. MOTHER'S MAIDEN NAME

Rebecca Canoff

14. NAME OF HUSBAND OR WIFE

Minnie Dines

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 ADDRESS
Vernia Dines, Butler Mo.

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.

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

ASND & CORONARY OCCASION

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

1 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
Appleton City St. Clair Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
4200

22. I hereby certify that I attended the deceased from Nov. 13, 1954, to Nov. 16, 1954, that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

R. W. Brownberger M.D.

(Degree or title)

23b. ADDRESS

Appleton City Mo. Nov. 18 1954

23c. DATE SIGNED

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

24b. DATE

Nov. 18 - 1954

24c. NAME OF CEMETERY OR CREMATORY

Appleton City Cemetery

24d. LOCATION (City, town, or county)

Appleton City

(State)

Mo.

DATE REC'D BY LOCAL REG.
Nov. 18 - 1954

REGISTRAR'S SIGNATURE

Chas. Abney

285-

25. FUNERAL DIRECTOR'S SIGNATURE

William L. Sanderson

ADDRESS

Appleton City

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Melvin L. Janssen

Signed.....
Student Embalmer

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.