

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. **39509**  
Registrar's No. **64**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6269**

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>CALIFORNIA</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL OZARK</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>BEH</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>8048</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b> b. (Middle) <b>RAYMOND</b> c. (Last) <b>DINGER JR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 26 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 17 1929</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DRAFTSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>OHIO</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>HOWARD DINGER</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA RICH</b>	14. NAME OF HUSBAND OR WIFE <b>RUTH</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>KOREAN 282-26-3244</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HOWARD DINGER</b> ADDRESS <b>ADLANCE, O.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>BASIL SKULL FRACTURE</b> <b>BROKEN NECK</b>		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BASIL SKULL FRACTURE</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BROKEN NECK</b>		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>US Hwy 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>OZARK 112 WEBSTER MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NOV 26 1955 7:30 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>TWO CAR ACCIDENT</b>

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 **7:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>K. K. Kelley coroner</b>	(Degree or title) _____	23b. ADDRESS <b>Rayman Mo</b>	23c. DATE SIGNED <b>11-28-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEWTON FARMS</b>	24d. LOCATION (City, town, or county) (State) <b>NEWTON FARMS, O.</b>
DATE REC'D BY LOCAL REG. <b>11-28-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D W BARBER</b>	ADDRESS <b>MARSHFIELD MO</b>

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

FEB 6 1958

1958

1958

MAY 8 1958

FEB 3 1958

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.....  
*R. W. Bank*

Licensed Embalmer No. 38

P. O. Address *Mt. 9*

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.