

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 1930
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 47

| | | | | | |
|--|-------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Columbia</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 N. S. Crovois</u> | | Length of stay in: lb <u>2 Days</u> | d. STREET ADDRESS (If outside, give location) <u>1815 Hawthorne</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Louis</u> Last <u>Dinkle</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 18, 1901</u> | | 9. AGE (In years last birthday) <u>56</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realstate salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Glasgow, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Charley Dinkle</u> | | | 14. MOTHER'S MAIDEN NAME <u>Brooken Brooks</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT <u>Kathryn Dinkle</u> Address <u>Columbia, Mo.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN</u> <u>1 yr?</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>July 7, 1957</u> to <u>July 2, 1957</u> and last saw <u>her</u> alive on <u>July 7</u> Death occurred at <u>8:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>JL Washburn M.D.</u> | | | 22b. ADDRESS <u>Versailles, Mo.</u> | | 22c. DATE SIGNED <u>7/7/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5 July 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u> | | 23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Parker Funeral Home Columbia, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>7-2-57</u> | | 26. REGISTRAR'S SIGNATURE <u>JL Washburn</u> |

(Licensed Embalmer's Statement on Reverse Side)

path, welfare, public service, 00-56, diseases in Part I must be casually related. Caraner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

14-0

1961 JUL 10

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 *Raymond C. Lorber*

Licensed Embalmer No. *46*

P. O. Address *Versailles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.