

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012892
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 14

300
1-57

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Casconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blond
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 612 W. Jackson		Length of stay in lb 2 mos.	d. STREET ADDRESS 0 rural route 1
3. NAME OF DECEASED (Type or print) First Middle Last FRANK ALBERT DINKELA		4. DATE OF DEATH Month Day Year April 11, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 19, 1895
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (City and state or country) Rosebud Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Dinkela		13b. MOTHER'S MAIDEN NAME Anna Marie Kottsick	14. NAME OF HUSBAND OR WIFE la Margaret Homfeldt Dinke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 486-22-6568	17. INFORMANT Address Mrs. Velda Zulauf Owensville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH 14 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			177X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocardial Degeneration			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 6-2-57 to 4-11-59 and last saw ^{her} him alive on 4-10-59 Death occurred at 2:20p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paras Brown, M.D. (Name or title)		22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 4-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-14-1959	23c. NAME OF CEMETERY OR CREMATORY Leduc Methodist Cem.	23d. LOCATION (City, town, or county) (State) Leduc, Mo.
24. FUNERAL DIRECTOR Michael H H Winter Owensville		25. DATE RECD. BY LOCAL REG. April 14, 1959	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappney

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 30 1959

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford F. H. Winter.....

Licensed Embalmer No. 3838.....

P. O. Address OWENSVILLE.....

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.