

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029006

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 109

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED SEP 6 1961

1. PLACE OF DEATH
 a. COUNTY **Harrison**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Bethany** Length of stay in 1b **3 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Reid Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Harrison**
 c. CITY OR TOWN **Cainsville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
James Washington Dinsmore August 28 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-24-75** 9. AGE (last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 **General Farm** 11. BIRTHPLACE (City and state or country) **Springfield, Illinois** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Elijah Dinsmore** 13b. MOTHER'S MAIDEN NAME **Cordilla Kelly** 14. NAME OF HUSBAND OR WIFE **Lucindia Dinsmore**

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 Address **Lucindia Dinsmore, Cainsville, 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) **Peritonitis** INTERVAL BETWEEN ONSET AND DEATH **24 hrs.**
 DUE TO (b) **Intestinal Obstruction** **48 hrs**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Probable Carcinoma of Cecum.** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE
8-26-61 to 8-28-61 and last saw him alive on 8-28-61

21. I attended the deceased from **8-26-61** to **8-28-61** and last saw him alive on **8-28-61**
 Death occurred at **10:40pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **G. H. Thayer D.O.** (Degree or title) 22b. ADDRESS **Bethany, Missouri.** 22c. DATE SIGNED **8-30-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8-31-61** 23c. NAME OF CEMETERY OR CREMATORY **Zoar Cemetery** 23d. LOCATION (City, town, or county) (State) **Cainsville, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Cainsville, Mo.** 25. DATE RECD. BY LOCAL REG. **8-30-1961** 26. REGISTRAR'S SIGNATURE **Gella Masey**

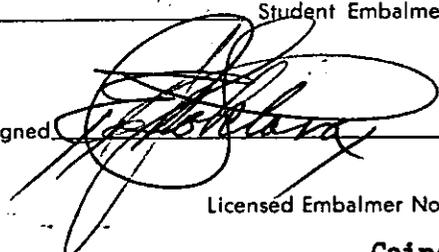
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.

