

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42209**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>445</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> c. LENGTH OF STAY (in this place) <u>4 mos. 22 da</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> d. STREET ADDRESS (If rural, give location) <u>202 No. Henry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DINKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 10, 1949</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	IF OVER 1 YEAR Years <u>1</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster, farming and mining.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lesterville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Dinkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mvra Farris</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Holmes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - Generalized</u> 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. <u>Pneumonia Bronchial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u> <u>7500</u> <u>24 hrs</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 18, 1949</u> , to <u>Dec. 10, 1949</u> that I last saw the deceased alive on <u>Dec. 10, 1949</u> , and that death occurred at <u>1:45 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James H. Dinkins, M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>12-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>	
DATE REC'D BY LOCAL REP. <u>Dec. 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>			

RECEIVED 12-19-49

District Health Officer No. 4

District File Number 1249-166

Date Filed

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
Student Embalmer

Signed

Ch Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington 7

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.