S. No. 300
v. 10.48

FILED JAN 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40694

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1370

0117

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Hosp-

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 611 Jules Str.

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): A
c. (Last): DINWIDDIE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30 1951

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 31-1891
9. AGE (In years last birthday): 60
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee Rat Dough
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Andrew Co MO
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William M. Dinwiddie
13b. MOTHER'S MAIDEN NAME: Mary Field
14. NAME OF HUSBAND OR WIFE: Omaline Dinwiddie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 488-22-9565
17. INFORMANT'S SIGNATURE OR NAME: Mrs Omaline Dinwiddie
ADDRESS: St Joseph

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia (lobar) r. — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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.
nephritis, chr — many yrs
arteriosclerosis & hypertension yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 49 OX

22. *I hereby certify that I attended the deceased from* 12/23, 1951, *to* 12/30, 1951, *that I last saw the deceased alive on* 12/29, 1951, *and that death occurred at* 3:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. T. Bloomer, M.D.
23b. ADDRESS: 1218 N. 3rd St. Joseph Mo.
23c. DATE SIGNED: 1/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 2-1952
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): St Joseph Mo, R 7 B #3

DATE REC'D BY LOCAL REG.: Jan 8 1952
REGISTRAR'S SIGNATURE: Carl C. Cash 1146
25. FUNERAL DIRECTOR'S SIGNATURE: Stoney Funeral Home
ADDRESS: St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed John Roy Clamey

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.