No. 300
10.48

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

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 327

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 90

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): 65 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hotel Robidoux, Apt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph, 117
d. STREET ADDRESS (If rural, give location): Hotel Robidoux

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Dinwiddie
c. (Last): Warner

4. DATE OF DEATH (Month) (Day) (Year): January 24-1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 23-1874
9. AGE (In years last birthday): 79 Yrs — 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): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Savannah, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dr. A. G. Dinwiddie
13b. MOTHER'S MAIDEN NAME: Rachel Odil
14. NAME OF HUSBAND OR WIFE: James Albert Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. William C. Barrow
CITY. ADDRESS: Victorian Court-Apts.

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) Acute myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — unknown
DUE TO (c) Generalized arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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?

22. *I hereby certify that I attended the deceased from* Jan 24, 1954, *to* January 24, 1954, *that I last saw the deceased alive on* January 24, 1954, *and that death occurred at* 1:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H Ames, M.D.
23b. ADDRESS: 902 Edmond St, City
23c. DATE SIGNED: Jan 25, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): (Burial)
24b. DATE: 1954 January 27-
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Jan 28, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Hermann
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Moreheid

Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.