

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2006

State File No. ....

FILED JAN 27 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia</u> <sup>Rural</sup> <u>Union</u>	
c. LENGTH OF STAY (in this place) <u>3 Wks</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u> <span style="float: right;">0440</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>T. Dinwiddie</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 25, 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (Ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Dinwiddie</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Ballard</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Dinwiddie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>C. L. Flowerree</u> ADDRESS <u>Philadelphia, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor Cardiac decompensation</u> DUE TO (c) <u>Arteriosclerosis Heart Disease</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1954, to 6 Jan, 1958, that I last saw the deceased alive on 6 Jan, 1958, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wynth Hamlin M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>1/9/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 8, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Church Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Philadelphia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-58</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Philadelphia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 24 1958

MARION CO. HEALTH DEPT.

DATE FILED JAN 24 1958

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

*Harold Garner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.