

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018308
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 17

FILED JUN 7 1961

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> ; b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		Length of stay in lb <u>Lifetime</u>		c. CITY OR TOWN <u>ELDON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>EAST-OF-ELDON-R.F.D. #1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>EAST-OF-ELDON-R.F.D. #1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John-William-Dinwiddie</u>		4. DATE OF DEATH Month Day Year <u>MAY 19 1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>19-Oct-1896</u>	9. AGE (last birthday) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAIL-ROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section</u>		11. BIRTHPLACE (City and state or country) <u>Miller-Co-MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.G</u>
13a. FATHER'S NAME <u>James Wm Dinwiddie</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH-ANN-M^{rs} DOWELL-MINNIE-DINWIDDIE</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie-Dinwiddie-ELDON-MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Minnie-Dinwiddie-ELDON-MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General calcinosis</u> DUE TO (b) <u>Primary lower colon</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1961</u> to <u>Mch 19 1961</u> and last saw him alive on <u>May 18 1961</u> Death occurred at <u>10:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)				22b. ADDRESS <u>Eldon, Mo.</u>	
22c. DATE SIGNED <u>May 20 1961</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>21-MAY-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Colvin</u>		23d. LOCATION (City, town, or county) <u>MILLER-Co-MO</u>	
24. FUNERAL DIRECTOR <u>Keith M. Kays</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>May 20, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Gloria W. Dalt</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 6 1961

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 _____
Signature of Student Embalmer

Signed

Keith M. Fays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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.