

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1951

State File No. 17282

BIRTH NO. 30545-51 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 1481

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY OR TOWN Hannibal | c. LENGTH OF STAY (in this place) 16 Hrs | c. CITY OR TOWN Shelbina | / 020 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital | | d. STREET ADDRESS (If rural, give location) 1 | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Dianne c. (Last) Dinwiddé | | | 4. DATE OF DEATH (Month) (Day) (Year) April 26 1951 | | |
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|-------------------------|----------------------------------|--|--|--|---|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH April 26 1951 | 9. AGE (In years last birthday) 16 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 11. BIRTHPLACE (State or foreign country) Missouri 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
|-------------------------|----------------------------------|--|--|--|---|--|--|

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| 13a. FATHER'S NAME Russell D Dinwiddé | | 13b. MOTHER'S MAIDEN NAME Pauline Todd | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Todd Shelbina Mo. | | | |
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (twins) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Twin | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 774X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE See Landman (Degree or title) | | 23b. ADDRESS 1007 Parkway | | 23c. DATE SIGNED 5/1/51 |
|--|--|-------------------------------------|--|-----------------------------------|

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|--|-----------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/27/51 | 24c. NAME OF GEMETERY OR CREMATORY I.O.O.F. Gemetery | 24d. LOCATION (City, town, or county) (State) Shelbina Mo. | |
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| DATE REC'D BY LOCAL REG. 5-4-51 | REGISTRAR'S SIGNATURE Dr. E. M. Lucke | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkley & Hawkins Barkley & Hawkins Shelbina Mo. | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1644

MAY 11 1951

RECEIVED

CO. HEALTH DEPT:

DATE FILED

MAY 16 1951

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.....

Wesley A. Bartelme

Signed.....

Student Embalmer

Licensed Embalmer No. 3835

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