

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29406

State File No.

FILED OCT 2 1951 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u> 0061	
c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>606 W. 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 160 & Mo. Pac. R. R.</u>			

3. NAME OF DECEASED a. (First) <u>Harold</u> b. (Middle) <u>Allen</u> c. (Last) <u>Dinwiddie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/19/1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>8-2-1935</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Gordon Dinwiddie</u>	13b. MOTHER'S MAIDEN NAME <u>Ona Waterman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ona Meier, Springfield, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Trauma</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>810.1</u> <u>DOB</u> <u>27</u> <u>E</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>160 Hwy + Mo. P. R.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lamar Barton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-19-51 9:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crashed into Mo. P. Freight Train</u>
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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 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. S. Harmon Coroner</u>	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>9-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>SEP 21 1951</u>	REGISTRAR'S SIGNATURE <u>Marce Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Child</u>	ADDRESS <u>Lamar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File _____

Date Filed _____

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OCT 3 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

Clarence H. Chiles

Signed

Student Embalmer

Licensed Embalmer No.

3413

P. O. Address

Sanat

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.