

FILED AUG 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29485

BIRTH NO. 53741 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 132

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Mem. Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville, Mo</u>	
		d. STREET ADDRESS (If rural, give location) <u>1509 Vest Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Gladys</u>		b. (Middle) <u>Jean</u>	
		c. (Last) <u>Dinwiddie</u>	
4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>15</u> (Year) <u>53</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>22 June 1953</u>		9. AGE (In years last birthday) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Residence, Caruthersville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Roy Lee Dinwiddie</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Mae Shoats</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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'S SIGNATURE OR NAME <u>Mother</u>	
		ADDRESS <u>1509 Vest Ave., C'ville, Mo</u>	
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) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>		22. I hereby certify that I attended the deceased from <u>Aug 13, 1953</u> , to <u>Aug 15, 1953</u> , that I last saw the deceased alive on <u>Aug 15, 1953</u> , and that death occurred at <u>C. S. O. A.</u> Mo., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. W. Cook, M.D.</u>		23b. ADDRESS <u>Caruthersville Mo</u>	
23c. DATE SIGNED <u>8-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>17 Aug 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip B. Woods</u>	
DATE REC'D BY LOCAL REG. <u>8-17-53</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>	
ADDRESS <u>406</u>		ADDRESS <u>Phillips B. Woods Caruthersville Mo</u>	

8-267-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 20 1953

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 \_\_\_\_\_

None

Student Embalmer No. \_\_\_\_\_ None

working under my personal supervision.

None

Student .....  
Student Embalmer.

Signed

*Philip B. Woods*

Philip B. Woods.

Licensed Embalmer No. 4833

P. O. Address Box 766 Caruthersville, 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.