

11513-4150  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 10 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Ferguson  
State File No. 986  
Registrar's No. 1147

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: St John's  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 14 Hours  
(Specify whether years, months or days) 14 Hours

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1215 No. Brown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Beverly Ann Twedell  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Singel  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 3 1949  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 4  
year 1949 hour 7 minute 25 A.M.  
21. I hereby certify that I attended the deceased from Jan 3 1949 to Jan 4 1949  
that I last saw her ER alive on Jan 4 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis, Duration Life  
congenital  
Due to Prematurity - (11 weeks)  
premature  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 776

9. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Infant  
11. Industry or business \_\_\_\_\_  
12. Name Walter Twedell  
13. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amagene Hensley  
15. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Walter Twedell  
(b) Address 1215 No. Brown Spfd. Mo  
17. (a) Burial (b) Date thereof Jan. 5. 49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn  
18. (a) Signature of funeral director Herman H. Lohmeyer  
(b) Address Springfield, Missouri  
19. (a) 1-6-49 (b) W E Hamblay MD  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John P. Ferguson (M. D. of other) M. D.  
Address 130 Medical Arts Bldg Springfield Mo Date signed 1/4/49

AUG 17 1968

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

This body was not embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**