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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1949

State File No. 11803

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Not in hospital. In own home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel.
d. STREET ADDRESS (If rural, give location): West Cass Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): NELSON
c. (Last): TWYMAN.

4. DATE OF DEATH (Month) (Day) (Year): Apr. 20, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Jan. 1. 1857
9. AGE (In years last birthday): 92 — If under 1 year: Months 3, Days 19; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feed-Livery Stable.
10b. KIND OF BUSINESS OR INDUSTRY: Livery Business.
11. BIRTHPLACE (State or foreign country): Cass County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George B. Twyman.
13b. MOTHER'S MAIDEN NAME: Eliza Griffith.
14. NAME OF HUSBAND OR WIFE: Ruby Hunziker Twyman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. James Nelson. **ADDRESS**: Adrian, Mo.

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) Cerebral Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

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. Senility 334X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1, 1947 *to* Apr. 20, 1949, *that I last saw the deceased alive on* April 19, 1949, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Basil O. Hartwell M.D.
23b. ADDRESS: Drexel, Missouri.
23c. DATE SIGNED: 4/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/24/1949
24c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery
24d. LOCATION (City, town, or county) (State): Drexel, Mo.

DATE REC'D BY LOCAL REG.: 4/21/49
REGISTRAR'S SIGNATURE: Launa J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Drexel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 XXXXXXXXXXXXXX
Student Embalmer

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.