

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18575

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5000 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler (1)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) - Butler (2)	
c. LENGTH OF STAY (in this place) 37d2		d. STREET ADDRESS (If rural, give location) R.F.D. #1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Emma c. (Last) Twist			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1949		
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5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed (5)		8. DATE OF BIRTH 9-27-1866		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 8 Days 9		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Switzerland (5)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Louie Blane			13b. MOTHER'S MAIDEN NAME Clise C. Grand			14. NAME OF HUSBAND OR WIFE William J. Twist		
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.D. Mills Butler, Missouri			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic cerebral hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull injury following an automobile accident May 1st, 1949. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None except concurrent with age.						INTERVAL BETWEEN ONSET AND DEATH E8224 32	
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19a. DATE OF OPERATION XX		19b. MAJOR FINDINGS OF OPERATION XX				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SHOOTING POISONING		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway) Automobile accident		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Mt. Pleasant Twp. Hwy. Bates Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 1 1949 11:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile collision.	
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22. I hereby certify that I attended the deceased from May 1, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John G. Underwood M.D.</i>		23b. ADDRESS Butler, Missouri		23c. DATE SIGNED 6/7/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-9-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas.	
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DATE REC'D BY LOCAL REG. 9-11-49		REGISTRAR'S SIGNATURE <i>Randall King</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John G. Underwood</i> Butler, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 7

District File Number 5-49-790

Date Filed 6-30-49

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 _____
Student Embalmer

Signed

John J. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.