

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1803
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 67789

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth, Jim Henry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth, Jim Henry	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Twehus			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 5, 1864	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7	IF UNDER 48 HRS. Days 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Antone Twehus	13b. MOTHER'S MAIDEN NAME Clara Boeckmeyer	14. NAME OF HUSBAND OR WIFE
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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. No	17. INFORMANT'S SIGNATURE OR NAME William Twehus	ADDRESS St. Elizabeth, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 months Several years None
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis pulmonary 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 19, 1949, to Jan 19, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 10:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE M. E. Humphreys D.O.	23b. ADDRESS Tusculum, Mo.	23c. DATE SIGNED 1-24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/23/50	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cemetery	24d. LOCATION (City, town, or county) (State) St. Elizabeth, Missouri
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DATE REC'D BY LOCAL REG. Jan 31, 1950	REGISTRAR'S SIGNATURE John S. Schramm	194	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedge	ADDRESS Iberia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

660

District File Number

District Health Officer No. 91

1961

RECEIVED

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.

Signed

Walter P. Hedges

Signed _____

Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, 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: