

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13520

State File No. 1177
Registrar's No. 1177

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>1177</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		c. LENGTH OF STAY (In this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		d. STREET ADDRESS (If rural, give location) <u>504 E. Locust St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 E. Locust St.</u>				d. STREET ADDRESS (If rural, give location) <u>504 E. Locust St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Tweedy</u>			4. DATE OF DEATH (Month) <u>5</u> (Day) <u>2</u> (Year) <u>1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-29-1868</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 11 HRS. <u>3</u> Hours		IF UNDER 11 HRS. <u>Min.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mennonite Church</u>		11. BIRTHPLACE (State or foreign country) <u>Edgar County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Tweedy</u>			13b. MOTHER'S MAIDEN NAME <u>Irene Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Tweedy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Jot, Mo</u> ADDRESS <u>Carl Jot, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo carditis Chronic</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> DUE TO (b) <u>10 yrs</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS <u>—</u> 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 checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Nov 15, 1949</u> to <u>May 2, 1950</u> that I last saw the deceased alive on <u>May 2, 1949</u> and that death occurred at <u>Carl Junction</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>P. L. Alberty</u> (Physician or title)				23b. ADDRESS <u>Carl Junction, Mo</u>		23c. DATE SIGNED <u>May 2, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>		REGISTRAR'S SIGNATURE <u>P. L. Alberty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dora Reilly</u> ADDRESS <u>Carl Jot., Mo.</u>				

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

0490

RECEIVED 5-9-50
Jasper County Health Office

County File Number 50-6-388

Date Filed 5-10-50

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Jack C Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City 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.