No. 300
10-48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15982

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 652

0117 4

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST-JOSEPH
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NURSE-HOME-1006 DEWEY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: BUCHANAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST-JOSEPH 0117
d. STREET ADDRESS (If rural, give location): 824 NO 17 0

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

4. DATE OF DEATH (Month) (Day) (Year): 6 - 1 - '50

5. SEX: FEM
6. COLOR OR RACE: WHT
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WID
8. DATE OF BIRTH: 6-12-1883
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT-HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U-S-A

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CHARLES

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Alberta Blackwell — ADDRESS: 824 NO 17

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CEREBRAL HEMORRHAGE	2 DAYS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	HYPERTENSION	UNKNOWN
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	none	331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
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): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 2-7, 1950, *to* 6-1, 1950, *that I last saw the deceased alive on* 5-29, 1950, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen I Herman (Degree or title): MD
23b. ADDRESS: 620 Francis St.
23c. DATE SIGNED: 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): R U
24b. DATE: 6-2-1950
24c. NAME OF CEMETERY OR CREMATORY: OAKLAND
24d. LOCATION (City, town, or county) (State): MOBERLY - MO

DATE REC'D BY LOCAL REG.: June 5, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Funeral Home — ADDRESS: St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.