

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19789
69

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>4144</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pilot Grove Miss. 0230</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. _____				d. STREET ADDRESS (If rural, give location) <u>1 mile north of Pilot Grove</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHEMENCE-</u> b. (Middle) <u>J</u> c. (Last) <u>-TWENTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 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>July 29, 1903</u>			
9. AGE (in years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Twenter</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Deckermyer</u>			14. NAME OF HUSBAND OR WIFE <u>Isabel Twenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Twenter</u>		ADDRESS <u>Pilot Grove Mo</u>			
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, ashenia, 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) <u>ACUTE PULMONARY EDEMA</u>				DUE TO (b) <u>CARDIAC FAILURE</u>				30 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Sudden Choking, due to Aspiration of Food, & Bronchial Blockage</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								8 9 2 10	
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>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>22</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sudden Choking A's EATING FOOD. DIED IN ABOUT 10 MINUTES</u>					
22. I hereby certify that I attended the deceased from <u>JUNE 27, 1950</u> , to <u>JUNE 27, 1950</u> , that I last saw the deceased alive on <u>June 27, 1950</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ed Thompson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Donoville, Mo</u>		23c. DATE SIGNED <u>JUNE 27, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-1-50</u>		REGISTRAR'S SIGNATURE <u>Do Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harza Painter, Pilot Grove, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1914

RECEIVED
DISTRICT HEALTH OFFICE
District File Number _____
Date Filed 7-10

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 Lepton E. May

Licensed Embalmer No. 307

P. O. Address Pilot Grove

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.