

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41062

5078

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>81 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>3931 MICHIGAN AVENUE</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3931 MICHIGAN AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3931 MICHIGAN AVENUE</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>			b. (Middle) <u>HALE</u>			c. (Last) <u>TWYMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER-29-1950</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>APRIL-1-1869</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>ROCK QUARRY</u>				11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>WILLIAM TWYMAN</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. JESSIE M. TWYMAN</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES SPANISH AMERICAN</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JESSIE M. TWYMAN</u>				ADDRESS <u>3931 MICHIGAN AVENUE KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerotic Heart Disease</u>								INTERVAL BETWEEN ONSET AND DEATH					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____								42 <sup>00</sup>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</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) _____				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>July 16, 1950</u> to <u>Nov. 29, 1950</u> , that I last saw the deceased alive on <u>Nov 23, 1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>P. E. Pearson</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>1025 Riatta Bldg. K. City</u>						23c. DATE SIGNED <u>11/29/50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>DEC. 1-1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>12-1-50</u>				REGISTRAR'S SIGNATURE <u>S. E. Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Jess T. News*

Signed.....  
Student Embalmer

Licensed Embalmer No. *44523*

P. O. Address *Kansas City*

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.