

No. 300
10-48

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23628**

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4287** Registrar's No. **32**

0570
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1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY OR TOWN Troy		c. CITY OR TOWN Troy Mo	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION In his own home			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) WILLIAM c. (Last) TWELLMAN			4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 19 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 12	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Lincoln County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Twellman	13b. MOTHER'S MAIDEN NAME Caroline New	14. NAME OF HUSBAND OR WIFE Carrie Twellman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Carrie Twellman ADDRESS Troy 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 10 days 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac deficiency		
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 4343	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)	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 **June 15, 1951** to **Aug 1, 1951**, that I last saw the deceased alive on **Aug 1, 1951**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. H. Kelley (Degree or title) D.O.	23b. ADDRESS Troy Mo	23c. DATE SIGNED 8-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 3, 51	24c. NAME OF CEMETERY OR CREMATORY Troy Evangelical Cem	24d. LOCATION (City, town, or county) (State) Troy Missouri
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DATE REC'D BY LOCAL REG. Aug 4 1951	REGISTRAR'S SIGNATURE Emma Riddle	1629	25. FUNERAL DIRECTOR'S SIGNATURE Wayne Mc Coy ADDRESS Troy Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE NO. 4

File No.

AUG 7 1951

RECEIVED

MAY 23 1962

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.