

FILED SEP 13 1952

THE DIVISION OF HEALTH OF THE STATE OF KANSAS  
STANDARD CERTIFICATE OF DEATH

State File No. 28335  
Registrar's No. 3759

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</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>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			c. LENGTH OF STAY (If this place) <u>13 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PRAIRIE VILLAGE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4100 OXFORD ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARNEST</u>			b. (Middle) <u>A.</u>		c. (Last) <u>TWIDALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan. 4, 1871</u>	9. AGE (In years last birthday) <u>81</u>	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) <u>RETIRED GRAIN MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TWIDALE-WRIGHT CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PONTIAC, MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM TWIDALE</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LAWLER</u>		14. NAME OF HUSBAND OR WIFE <u>BLANCHE PAUL TWIDALE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. MALCOLM TWIDALE- 4100 OXFORD</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, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) _____ Auricular fibrillation DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						11 331	
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)		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>May 28, 1949</u> , to <u>August 21, 1952</u> , that I last saw the deceased alive on <u>August 21, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. P. Boughnau</u> (Degree or title)				23b. ADDRESS <u>M.D. C 315 Nichols Rd., Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5</u>		24b. DATE <u>8-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HASTINGS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HASTINGS, NEBRASKA</u>	
DATE REC'D BY LOCAL REG. <u>8-23-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MC CLURE KANSA CITY, MO.</u>			

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

W. H. P. Beightown  
W. H. P. Beightown  
2130

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 John Stark  
Licensed Embalmer No. 4216

P. O. Address H. Co. 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.