

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **34125**

FILED NOV 5 1952

BIRTH NO.		REG. DIST. NO. <b>4</b>	PRIMARY REG. DIST. NO. <b>4014</b>	Registrar's No. <b>84</b>
1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairfax</b>		c. LENGTH OF STAY (in this place) <b>1 days</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fairfax Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy</b> b. (Middle) <b>Angeline</b> c. (Last) <b>Twitty</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18 1952</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 29, 1891</b>	9. AGE (in years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Ava, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>				
13a. FATHER'S NAME <b>Shelby Privit</b>		13b. MOTHER'S MAIDEN NAME <b>Nelson</b>		14. NAME OF HUSBAND OR WIFE <b>Truston Twitty</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Truston Twitty</b> ADDRESS <b>Tarkio, Mo</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES <b>Rheumatic valvular heart disease</b> 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.		
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) <b>4214</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>4/17/50, 19</b> , to <b>10/18/52, 19</b> , that I last saw the deceased alive on <b>10/18/52, 19</b> , and that death occurred at <b>6:00</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>E. G. Niedermeyer M.D.</b> (Degree or title)		23b. ADDRESS <b>Tarkio, Mo.</b>		23c. DATE SIGNED <b>Oct. 21</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tarkio Home Cemetery</b> 24d. LOCATION (City, town, or county) (State) <b>Tarkio, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Oct 30, 1952</b>		REGISTRAR'S SIGNATURE <b>Marvin J. Schaefer</b> <b>483</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.M. Davis</b> ADDRESS <b>Tarkio, Mo.</b>

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

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**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 M. Davis, Jr.  
Licensed Embalmer No. 48769  
P. O. Address Jarvis, 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.