

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12443**

FILED MAR 24 1953

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2350</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Honor G. Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4104a Easton Ave</b>			
3. NAME OF DECEASED (Type or Print) <b>PRESTON</b>		a. (First)		b. (Middle)		c. (Last) <b>TWIGGS</b>	
4. DATE OF DEATH <b>Feb 27 1953</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 21, 1900</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grand Lake, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Twiggs</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Britton</b>		14. NAME OF HUSBAND OR WIFE <b>Lucinda Twiggs</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>430-01-0791</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucinda Twiggs</b>		ADDRESS <b>4104a Easton Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lung abscess</b> ANTECEDENT CAUSES <b>strep infection</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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>521X</b>			
22. I hereby certify that I attended the deceased from <b>27 Feb 1953</b> , to <b>27 Feb 1953</b> , that I last saw the deceased alive on <b>27 Feb 1953</b> , and that death occurred at <b>7:00 pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Randle</b>				23b. ADDRESS <b>2743 Franklin St</b>		23c. DATE SIGNED <b>Feb 28 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburial</b>		24b. DATE <b>3-3-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>1st Baptist Church Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eudora Ark.</b>	
DATE REC'D BY LOCAL <b>MAR 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Ave</b>	

G.O. (Licensed Embalmer's Statement on Reverse Side)

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

Embalmer

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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 *S. J. Watson*

Licensed Embalmer No. *2498*

P. O. Address *2769 Chouteau*

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.