

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36762

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	c. LENGTH OF STAY (in this place) <u>15 YRS.</u>	c. CITY OR TOWN <u>SEDALIA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSP., SEDALIA MO.</u>		e. STREET ADDRESS (If rural, give location) <u>616 E. 12th</u>	<u>0804</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>A.</u> c. (Last) <u>TWENTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1953</u>
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5. SEX <u>MALE</u> 0	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP. 22, 1925</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.E.A.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLIFTON CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ALBERT TWENTER</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA PABST</u>	14. NAME OF HUSBAND OR WIFE <u>PHYLLIS TWENTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>497-24-7566</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS PHYLLIS TWENTER</u>	ADDRESS <u>SEDALIA, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection</u> DUE TO (c) <u>massive gastric hemorrhage</u>		
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"/>
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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) (m.)	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 7-16, 1953, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Char Gordon Campbell MD</u>	(Degree or title)	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>11-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13-53</u>	REGISTRAR'S SIGNATURE <u>R. G. Campbell MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Laughlin Bros.</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1958

NOV 30 1958

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.....
Signature of Student Embalmer

Signed.....

K.P.M. Crary
Licensed Embalmer No... 3157

P. O. Address *Sadale*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.