

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38931**

FILED **DEC 4 1953**

BIRTH NO. _____ REG. DIST. NO. **145** PRIMARY REG. DIST. NO. **5546** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mi. south of Caledonia		d. STREET ADDRESS (If rural, give location) 3 mi. south of Caledonia	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) CAROLINE	c. (Last) TWOMEY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1953
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 21 1867	9. AGE (In years last birthday) 85	10. MONTH 11	11. DAY 6	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nathan Davis	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE John Bunion Twomey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME John J. Twomey	ADDRESS Caledonia 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, 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) Acute Regurgitation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio. Renal Hepatic Dysfunction DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **10-19** 19**53** to **Nov-22** 19**53**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30 A.M.** from the cause(s) and on the date stated above.

23a. SIGNATURE (Degree or title) Miss Elizabeth Logan	23b. ADDRESS White Funeral Home, Iron ton Mo.	23c. DATE SIGNED 11-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11- -53	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Caledonia Mo.
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DATE REC'D BY LOCAL REG. Dec 1 - 1953	REGISTRAR'S SIGNATURE Mrs Elizabeth Logan	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Iron ton Mo.	ADDRESS White Funeral Home, Iron ton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0470

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 *Arnold White*

Licensed Embalmer No. 3012

P. O. Address *Winton, N.C.*

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.