

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **639**  
Registrar's No. **26**

FILED JAN 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Meta</b>	
c. LENGTH OF STAY (in this place) <b>4 Days</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Michael</b>	b. (Middle) <b>—</b>	c. (Last) <b>Twehous</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 24 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 4 1870</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 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) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>st thomas - mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HENRY Twehous</b>	13b. MOTHER'S MAIDEN NAME <b>Margarette Kezner</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Klifner Twehous</b>
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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>MRS WONSING</b>	ADDRESS <b>meta - mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>depression</b>		
	DUE TO (c) <b>congestive heart failure</b>		
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 <b>443X</b>	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 **1:20**, 19**55**, to **Jan 24**, 19**55**, that I last saw the deceased alive on **Jan 24**, 19**55**, and that death occurred at **11:45** am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dean A. Dwyer M.D.</b>	23b. ADDRESS <b>Jefferson City</b>	23c. DATE SIGNED <b>1-24-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Jan 22-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Cecelia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Meta Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 24-1955</b>	REGISTRAR'S SIGNATURE <b>R.P. Dorris M.D. M.S.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walker P. Hedger</b>	ADDRESS <b>Henri, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Clarence J. Moore*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, 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.