

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3716**

BIRTH NO. _____ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6258** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Greenville		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Greenville 1110	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reverend			

3. NAME OF DECEASED (Type or Print)	a. (First) PAUL	b. (Middle) LEE	c. (Last) TWIDWELL	4. DATE OF DEATH (Month) (Day) (Year) 1-10-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-21, 1912	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work, those during most of working life, even if retired) Imp. dealer - farming	10b. KIND OF BUSINESS OR INDUSTRY Imp. - Farming	11. BIRTHPLACE (City and State or Foreign Country) Clubb, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phillip Twidwell	13b. MOTHER'S MAIDEN NAME Ella Parks	14. NAME OF HUSBAND OR WIFE Bernard Elayer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bernard Twidwell	ADDRESS Greenville, 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) Lympho. Sarcoma		1943
	ANTECEDENT CAUSES 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"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to **Jan 10 - 1955**, that I last saw the deceased alive on **1-12-55**, 19____, and that death occurred at **7 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F. Wagner M.D.	23b. ADDRESS Greenville, Mo.	23c. DATE SIGNED 1-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-55	24c. NAME OF CEMETERY OR CREMATORY Twidwell Cemetery	24d. LOCATION (City, town, or county) (State) Clubb, Mo.
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DATE REC'D BY LOCAL REG. 1-15-55 RES.	REGISTRAR'S SIGNATURE Gretta Ward	FUNERAL DIRECTOR'S SIGNATURE BISH FUNERAL HOME	ADDRESS Marion Evans Greenville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1110

S. No. 300
V. 10.48

JUN 20 1955

JUN 20 1955

RECEIVED
JAN 17 1955
WAYNE CO. HEALTH CENTER
FILE No. _____

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Mary E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.