

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12311

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <i>Jackson</i> Rural Prairie		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Independence Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Independence</i> 7000	
c. LENGTH OF STAY (In this place) <i>5 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>R.F.D. 4</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jackson County Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frank</i> b. (Middle) _____ c. (Last) <i>Twyman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 25 1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> 2	8. DATE OF BIRTH <i>June 17 1870</i>
9. AGE (In years last birthday) <i>85</i>		9. AGE (In years) IF UNDER 1 YEAR Months _____ Days _____	9. AGE (In years) IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Refused</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>	
11. BIRTHPLACE (State or foreign country) <i>Jackson Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>America</i>	
13a. FATHER'S NAME <i>L. W. Twyman</i>		13b. MOTHER'S MAIDEN NAME <i>Annie Grate</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give year or date of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Harryapp Kenschley, Mo</i>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>LAR DIAC. De compensation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>ARTERIO Sclerotic Heart disease</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4200</i>		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 1955, to _____, 1955 that I last saw the deceased alive on <i>4-25</i> , 1955, and that death occurred at <i>6:40 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>David W. Kenschley, M.D.</i>		23b. ADDRESS <i>Bellevue County Hosp.</i>	23c. DATE SIGNED <i>4-26-55</i>
24a. FORMAL CREMATION REMOVAL (Specify)	24b. DATE <i>April 28/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Six mile cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jackson Co. Mo</i>
DATE REC'D BY LOCAL REG. <i>4-26-55</i>	REGISTRAR'S SIGNATURE <i>N. B. Kenschley</i>	25. FEDERAL DIRECTOR'S SIGNATURE <i>Geo. E. Pearson</i>	ADDRESS <i>Indyp Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

Gloyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Indep 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.