

FILED AUG 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21900

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5477</u>		Registrar's No. <u>116</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy (Madison Twp)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. BRIMSON</u>		c. LENGTH OF STAY (In this place) <u>MINUTES</u>		c. CITY OR TOWN <u>Melbourne</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>Highway 146 (Auto accident)</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>				8410/1	
3. NAME OF DECEASED (Type or Print) <u>ISAAC</u>			a. (First)		b. (Middle)		c. (Last) <u>Twist</u>		
4. DATE OF DEATH <u>Aug 6 1955</u>			(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1877</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co. Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Twist</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Twinkler</u>			14. NAME OF HUSBAND/OR WIFE <u>Sarah Addington Twist</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>499-07-4543</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Twist</u>			ADDRESS <u>Melbourne, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of cervical vertebrae</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				DUE TO (b) <u>fracture of left arm</u>					
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"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>state highway 146</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Madison Twp., Grundy, Missouri</u>		21d. (STATE) <u>MO</u>			
21d. TIME OF INJURY <u>Aug. 6, 1955 12:10 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>					
22. I hereby certify that I attended the deceased from <u>XXXXXXXXXXXX</u> , to <u>Aug. 6, 1955</u> that I last saw the deceased live on <u>XXXXXXXXXXXX</u> and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Donald H. Tate</u>				(Degree or title) <u>County Coroner</u>		23b. ADDRESS <u>Tranton, Missouri</u>		23c. DATE SIGNED <u>Aug 7 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 8 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell cemetery</u>		24d. LOCATION (City, town, or county) <u>Melbourne, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-8-55</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Davei - Blackman</u>		ADDRESS <u>Tranton, Mo.</u>		

(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.....
Signature of Student Embalmer

Signed *Harold L. Roberts*

Licensed Embalmer No. *49*

P. O. Address *Leventon,*

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.