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FILED OCT 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32380

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 556

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>POPLAR BLUFF</u>		c. CITY OR TOWN <u>CLUB</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 DA.</u>		f. STREET ADDRESS (If rural, give location) <u>11101</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPT.</u>			

3. NAME OF DECEASED a. (First) <u>ELLA</u> b. (Middle) <u>AGENS</u> c. (Last) <u>TWIDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG 10, 1889</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLUB MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DAVE BARKS</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS LEE</u>		14. NAME OF HUSBAND OR WIFE <u>PHILLIP TWIDWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PHILLIP TWIDWELL</u> ADDRESS <u>CLUB 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) <u>4201</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetes mellitus</u>		<u>many years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) _____ m.		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 8-25-1955, to 10-8-1955, that I last saw the deceased alive on 10-8-1955, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. [Signature]</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10-21-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TWIDWELL CEM. CLUB</u>	
24d. LOCATION (City, town, or county) <u>Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10/22/55</u>		REGISTRAR'S SIGNATURE <u>R. H. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maxine [Signature]</u> ADDRESS <u>Greenville Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
OCT 24 1955  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

OCT 21 3 5 1955

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 44

P. O. Address Bedford

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.