

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39611

State File No.

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>15</u> | | PRIMARY REG. DIST. NO. <u>3004</u> | | Registrar's No. <u>78</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bar ton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lamar</u>) | | c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | c. CITY OR TOWN <u>Lamar</u> | | d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Route 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>HENRY</u> | | b. (Middle) <u>LEWIS</u> | | c. (Last) <u>TWENTIER</u> | |
| 4. DATE OF DEATH | | (Month) <u>Dec.</u> | | (Day) <u>20,</u> | | (Year) <u>1955</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 4, 1868</u> | |
| 9. AGE (In years last birthday) <u>87</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Evans City, Pa.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Twentier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Marburger</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nancy Jane Twentier</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Jane Twentier, Lamar, 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>Thrombia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia, Left lower lobe</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Herpes Zoster 490XC</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 7, '55</u> <u>Dec. 3, '55</u> <u>June 19, '55</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 <u>Feb. 1948</u> , to <u>Dec 20, 1955</u> , that I last saw the deceased alive on <u>Dec 20, 1955</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm T. Bredt, M.D.</u> (Degree or title)? | | | | 23b. ADDRESS <u>Lamar, Missouri</u> | | 23c. DATE SIGNED <u>Dec 21, '55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 22, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 22 1955</u> | | REGISTRAR'S SIGNATURE <u>Marie Anthony</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u> | | ADDRESS <u>Lamar, Mo.</u> | |

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

(Licensed Emballer's Statement on Reverse Side)

MAR 24 1958

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 *Clarence H. Childs*

Licensed Embalmer No. *34*

P. O. Address *Tempe, Ariz.*

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.