

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31156

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mineral Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Webb City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mile N. of Webb City</u>		Length of stay in lb <u>enroute</u>	d. STREET ADDRESS <u>830 N. Campbell</u>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Twyla Pauline Vailes</u> First Middle Last			4. DATE OF DEATH Month Day Year <u>Sept. 22, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-1926</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
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		11. BIRTHPLACE (City and state or country) <u>Webb City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Oscar Lamb</u>			14. MOTHER'S MAIDEN NAME <u>Bessie Handley</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>499-22-1236</u>	17. INFORMANT <u>Mrs. Oscar Lamb</u> <u>830 N. Campbell</u> <u>Webb City, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compound fracture skull with evulsion of the left frontal lobe of brain</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile in car going at excessive speed around corner - had been head wiping with large defect in wheel & left frontal lobe of brain.</u>				
20c. TIME OF INJURY <u>3:40 p. m.</u> Hour Month, Day, Year <u>9-22-56</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>1 mi North Webb City, Mo</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Mineral Twp. Jasper Mo.</u>				
21. I attended the deceased from <u>head not at end</u> and last saw her/him alive on _____ Death occurred at <u>3:40</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wendell M. Brown</u>			22b. ADDRESS <u>Missouri Dist Dist 1 Bed Spring Mo</u>		22c. DATE SIGNED <u>9-27-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-27-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Johnston-Arnice-Simpson Mortuary</u> <u>Webb City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-56</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		

RECEIVED
Jasper County Health Office
County File Number 56-10-769
Date Filed OCT 1 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. 464

P. O. Address *Webb City*

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.