

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34680**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **122**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Lincoln</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Bedford)</b> c. LENGTH OF STAY (In this place) <b>2 MO.</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b> c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>6 mi. South west of Troy MO.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>DORA</b> b. (Middle) <b>LEE</b> c. (Last) <b>TWELLMANN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>October 31, 1956</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept 6, 1895</b>
<b>9. AGE</b> (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Days <b>1</b> IF UNDER 24 HRS. Hours <b>25</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housework</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Troy MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Joel P. Brown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Susan E. Baxter</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ed. Twellmann</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ed. Twellmann</b>
		<b>ADDRESS</b> <b>Troy MO.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Generalized Carcinomatosis</b> ANTECEDENT CAUSES <b>Adeno Carcinoma of Uterus</b> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>175X</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>2/10</u>, 19<u>56</u>, to <u>Oct 31</u>, 19<u>56</u>, that I last saw the deceased alive on <u>Oct 31</u>, 19<u>56</u>, and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>J. C. Creech</i>		(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>Troy MO</b>
<b>23c. DATE SIGNED</b> <b>Oct 31 1956</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov 2, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Troy Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Troy MO.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>11-3-1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Emma R. Riddle</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Wayne M. Coy</i>	
		<b>ADDRESS</b> <b>Troy MO</b>	

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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..... *D.W. McEoy* .....

Licensed Embalmer No. *3586*

P. O. Address *Jay 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.