

Health, Welfare and Public Service
 3000
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Coroner must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26980

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1651

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsdale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hillsdale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2143 69th Street.,		Length of stay in lb 3 years	d. STREET ADDRESS (If outside, give location) 2143 69th Street.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle A. Last Twidwell			4. DATE OF DEATH Month June Day 29 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 2, 1891	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Silva, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Washington Twidwell			14. MOTHER'S MAIDEN NAME Hattie Lutte		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Zola Twidwell, 2143 69th Street.,		
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis - Coronary -					INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
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 (n) 4201					
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-25-53 to 6-29-57 and last saw ^{him} her alive on June 20-56 Death occurred at 9:25 A. M. A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. Twidwell M.D.		22b. ADDRESS 4500 Olive St. St. Louis 8 Mo.		22c. DATE SIGNED 6-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-29-57	23c. NAME OF CEMETERY OR CREMATORY Twidwell Cemetery		23d. LOCATION (City, town, or county) (State) Silva, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7/1/57		26. REGISTRAR'S SIGNATURE Herbert H. Danckey, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Rec

1957

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

Albert H. ...