Health, & Welfare Public Service

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32472
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY Laclede	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Lebanon 0532 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 961 Main — Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) 961 Main — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First BENJAMIN Middle FRANKLIN Last TWEED

4. DATE OF DEATH: Month Aug. Day 31, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: Jan 6, 1901

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Lebanon, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Sam T. Tweed

13b. MOTHER'S MAIDEN NAME: Annie Offman

14. NAME OF HUSBAND OR WIFE: Nadine Tweed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 486-18-5163

17. INFORMANT Address: Mrs. Barbra Keys, Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Rt Sided Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Atelectasis Rt lung Massive, undet.

DUE TO (c) Cause undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5272

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 30 Aug 57, to 31 Aug 57 and last saw her/him alive on 31 Aug 57. Death occurred at 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul A Jenkins MW

22b. ADDRESS: Lebanon, Mo.

22c. DATE SIGNED: 9/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/3/57

23c. NAME OF CEMETERY OR CREMATORY: Lebanon, City Cemetery

23d. LOCATION (City, town, or county) (State): Lebanon, Mo.

24. FUNERAL DIRECTOR ADDRESS: Palmer Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.: 9-7-1957

26. REGISTRAR'S SIGNATURE: Wella L. Day

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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Received 9-16-57

Laclede County Health Unit

File No. 147

Date Filed 9-16-57

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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.