

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041003

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 454

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Casper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pilot Grove</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>Bathwell</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>8 miles west</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>ARTHUR-JOSEPH TWENTER</i>			4. DATE OF DEATH <i>Nov. 29, 1958</i>		
First	Middle	East	Month	Day	Year

5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 25, 1909</i>	9. AGE (In years, last birthday) <i>59</i>	IF UNDER 1 YEAR Months - Days - Hours - Min.	IF UNDER 24 HRS. Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>Clear Creek Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Theodore Twenter</i>	13b. MOTHER'S M maiden name <i>Coleta Neckerman</i>	14. NAME OF HUSBAND OR WIFE <i>Minnie Twenter</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war and dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>499-40-3580</i>	17. INFORMANT <i>Ms. Minnie Twenter, Pilot Grove Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause of death on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion - myocardial infarction</i>		INTERVAL BETWEEN ONSET OF DEATH <i>3 1/2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>Nov 3 1958</i> to <i>Nov 29 1958</i> last saw him alive on <i>Nov 29 1958</i> Death occurred at <i>2:30 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>P. Siegel MD</i>	22b. ADDRESS <i>Smithton Mo</i>	22c. DATE SIGNED <i>12/1/58</i>

23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE <i>Dec. 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Ceme</i>	23d. LOCATION (City, town, or county) (State) <i>Pilot Grove Mo</i>
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24. FUNERAL DIRECTOR <i>Hays - Painter, Pilot Grove, Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Dec 5 1958</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 L. Painter*

Licensed Embalmer No. *4069*
P. O. Address *Colt Grove*

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.