

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014489

STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 730

300
1-57

Red for signature

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural-Chariton Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		Length of stay in 1b <u>3 hrs.</u>	d. STREET (If outside, give location) ADDRESS <u>near Prairie Hill</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Finis McKnight Twyman</u>			4. DATE OF DEATH Month Day Year <u>April 1 1959</u>
5. SEX <u>male</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>April 24, 1901</u>
9. AGE (In years last birthday) <u>57</u>		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) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13a. FATHER'S NAME <u>N.D. Twyman</u>	
13b. MOTHER'S MAIDEN NAME <u>Bettie Elizabeth Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Lorene Twyman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>492-42-6020</u>	17. INFORMANT <u>Mrs. Finis Twyman: R.R.: Clifton Hill, 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>Sub arachnoid hemorrhagi</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gun shot wound</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>4 hrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Shot him self with 22 caliber gun</u>	
20c. TIME OF INJURY <u>2:00 p.m. 4-1-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Chariton Twp. Chariton Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>4 P.M. 4-1-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Leif S. Jolly M.D.</u>		22b. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo</u>	22c. DATE SIGNED <u>4-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>April 3, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Prairie Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Prairie Hill, Missouri</u>
24. FUNERAL DIRECTOR <u>Tom B Patton</u>		25. DATE RECD. BY LOCAL REG. <u>4-3-59</u>	26. REGISTRAR'S SIGNATURE <u>Leah Bower</u>

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 *Tom B Patton*

Licensed Embalmer No. *3914*
P. O. Address *Huntsville*

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.