

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1959

59-037124

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 348

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Flat Creek Township</u>		Length of stay in 1b <u>13 yrs</u>	c. CITY OR TOWN <u>Sedalia</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>6 mi So. East of Sedalia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER LAVERNE TWYMAN</u>			4. DATE OF DEATH Month Day Year <u>Oct. 30 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1943</u>	9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Otterville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
13a. FATHER'S NAME <u>Nolan Twyman</u>	13b. MOTHER'S MAIDEN NAME <u>Vallora Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>R.F.D #1</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-46-0475</u>	17. INFORMANT <u>Mrs Vallora Twyman</u>	Address <u>Sedalia</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Accidental Traumatism by</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>firearms</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Hunting Accident</u>
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20c. TIME OF INJURY Hour <u>1:45</u> p.m. Month, Day, Year <u>10-30-59</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	20f. CITY, TOWN, OR LOCATION <u>Flat Creek Township</u>	COUNTY <u>PETTIS</u>	STATE <u>MO</u>
21. I attended the deceased from <u>no</u> and last saw <u>her</u> alive on <u>_____</u> Death occurred at <u>1:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Chas Gordon Stauffer MD</u>	(Degree or title)	22b. ADDRESS <u>Corners Pettis Co</u>	22c. DATE SIGNED <u>11-2-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-2-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Syracuse</u>	23d. LOCATION (City, town, or county) (State) <u>Syracuse Mo</u>
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24. FUNERAL DIRECTOR <u>M^cLaughlin Bros.</u>	ADDRESS <u>Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 2 1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J.P.M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.