URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010379

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 62

NDED

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp — Inside limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cooper
c. CITY OR TOWN Pilot Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 miles East — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: ROSALINE ANNA TWENTER

4. DATE OF DEATH Month Day Year: March 17, 1960

5. SEX Fe
6. COLOR OR RACE wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 15, 20
9. AGE (last birthday) 39 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Pilot Grove, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Gerke
13b. MOTHER'S MAIDEN NAME Bertha Lang
14. NAME OF HUSBAND OR WIFE Henry Twenter

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. 487-24-7896
17. INFORMANT Henry Twenter — Address Pilot Grove Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Irreversible Shock — INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute blood loss - uterine — 6 hrs
DUE TO (c) Placenta Praevia

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. ☒ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ 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 Sept 1954, to March 60 and last saw her/him alive on 19 Mar. 60
Death occurred at 11:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard D. Friedrich MD
22b. ADDRESS Box 67 Pilot Grove, Mo
22c. DATE SIGNED 3-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-21-60
23c. NAME OF CEMETERY OR CREMATORY St. Joseph Ceme
23d. LOCATION (City, town, or county) (State) Pilot Grove, Mo

24. FUNERAL DIRECTOR ADDRESS Hays-Painter, Pilot Grove Mo
25. DATE RECD. BY LOCAL REG. 3/19/60
26. REGISTRAR'S SIGNATURE D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Robert L. Paine

Signature of Student Embalmer

Licensed Embalmer No. 406

P. O. Address Pilot St

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