

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -60-014768

FILED VS. MAY 16 1960

Primary Registration District No. 5427 Registrar's No. 9

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>3 1/2 mi. W. of Pacific</u> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ind</u> b. COUNTY <u>Fountain</u> c. CITY OR TOWN <u>Conington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1115 E. Liberty St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Clayd.</u> Middle <u>-</u> Last <u>Twiddy</u>			<b>4. DATE OF DEATH</b> Month <u>Apr</u> Day <u>18</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OF RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>3-25-1890</u>	<b>9. AGE (last birthday)</b> <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <u>retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>gas tank operator</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>not known</u>		<b>12. CITIZEN OF WHAT COUNTRY</b>	
<b>13a. FATHER'S NAME</b> <u>Mr. Twiddy</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>not known</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>not known</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>312-28-8823</u>		<b>17. INFORMANT</b> Address <u>Heggs Funeral Home Conington Ind.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crash injury of leg</u> DUE TO (b) <u>phant</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Accident was driving auto</u>			
<b>20c. TIME OF INJURY</b> Hour <u>9:10</u> a.m. <u>pm</u> Month, Day, Year <u>4/18/60</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0.3 mile East of Highway 100 on Highway 66 Franklin Mo</u>			
<b>21. I attended the deceased from</b> _____ to _____ and last saw him alive on _____		Death occurred at <u>9:40 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. Thomas L. Jones</u>				<b>22b. ADDRESS</b> <u>Dr. Jones Union Mo</u>		<b>22c. DATE SIGNED</b> <u>4/18/60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Apr 19 '60</u>		<b>23b. DATE</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Riverside Cem</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Attn. Ind</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Mr. John L. Thiel</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>April 19-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mary B. Gross</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 17 1960

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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