IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-030964
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 417

NDED

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown 33 — Length of stay in 1b 76 yrs

c. CITY OR TOWN Raytown 33 — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5324 Northern — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5324 Northern — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EMMA Middle MARIE Last TWIEHAUS

4. DATE OF DEATH Month 8 Day 27 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/13/1883

9. AGE (last birthday) 77

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 Domestic

11. BIRTHPLACE (City and state or country) Leavsy Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fred Witthar

13b. MOTHER'S MAIDEN NAME Caroline Borgman

14. NAME OF HUSBAND OR WIFE George H. Twiehaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) xx

16. SOCIAL SECURITY NO. None

17. INFORMANT Edna Jurgeson Address 2424 Glenwood Indep. 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive heart failure — 10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral thrombosis 1 yr

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 June 1960, to 8-27-60 and last saw her alive on 8-27-60

Death occurred at 10:01 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Elmer G. Stegman M. D.

22b. ADDRESS Raytown Mo

22c. DATE SIGNED 8-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/30/1960

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels Inc. ADDRESS K.C.MO.

25. DATE RECD. BY LOCAL REG. 8-30-60

26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 7 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Forrest D. Coldsmo

Licensed Embalmer No. 4719

P. O. Address K. C. M

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