

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008542

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5521 Registrar's No. 42

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 28 1961

1. PLACE OF DEATH
 a. COUNTY Hickory
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermitage Length of stay in 1b 4 Mo
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Hermitage Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
 a. STATE Missouri b. COUNTY Hickory
 c. CITY OR TOWN Hermitage Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Ida Rachel Twinkle Mar 11 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-19-76 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 0 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Park Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME S.S. Garner 13b. MOTHER'S MAIDEN NAME Mary Lawrence 14. NAME OF HUSBAND OR WIFE John Twinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs Lee Maberry - Preston, 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) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH Two Weeks
 DUE TO (b) Senility
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 19 57 to March 11/1961 and last saw her him alive on March 11, 1961
 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C.E. Briggs, D.O. 22b. ADDRESS Wheatland, Mo 22c. DATE SIGNED 3-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Mar 14 61 23c. NAME OF CEMETERY OR CREMATORY Oliver Park Cemetery 23d. LOCATION (City, town, or county) (State) Preston, Mo.

24. FUNERAL DIRECTOR Robert H. Maberry - Wheatland, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 3-22-1961 26. REGISTRAR'S SIGNATURE Mary Johnson

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westland, Mich.

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.