SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017219

STATE FILE NUMBER

AMENDED

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 29

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union township — Length of stay in 1b 10 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles N.W. of Craig — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Holt
c. CITY OR TOWN Craig — 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: Edward Lee Roy Twyman

4. DATE OF DEATH Month Day Year: May 24, 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 16, 1951
9. AGE (last birthday): 9 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Craig, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Roy Twyman Jr.
13b. MOTHER'S MAIDEN NAME: Doris Lee Edwards
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Roy Twyman Jr. - Craig, 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) Broken neck (whiplash) — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
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. ☐ 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.) Hit by a car while riding bicycle
20c. TIME OF INJURY Hour a.m. p.m. 5 — Month, Day, Year 5 [illegible]
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.) Farm [illegible]
20f. CITY, TOWN, OR LOCATION: 3 mi. N.W. — COUNTY: Craig (Holt) — STATE: Mo.

21. I attended the deceased from —, to _____ and last saw her/him alive on _____
Death occurred at — 5 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible], D.O. [illegible] Holt Co.
22b. ADDRESS: Oregon, Mo.
22c. DATE SIGNED: 5/[illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/26/1961
23c. NAME OF CEMETERY OR CREMATORY: Tharp Cemetery
23d. LOCATION (City, town, or county) (State): Craig, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wilber L. Schooler - Craig Mo.
25. DATE RECD. BY LOCAL REG.: 5-30-1961
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 6 1961

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 Myself, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Weldon L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo

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.