MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005830
STATE FILE NUMBER

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 23

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY: Carroll

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton — Length of stay in 1b: 15 yrs.

c. CITY OR TOWN: Carrollton — Inside Limits: Yes ☒ No ☐

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

d. STREET ADDRESS (If outside, give location): 208 N. Folger — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MINNIE Middle FRANCES Last TWEEDIE

4. DATE OF DEATH: Month Feb. Day 9 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/8/1885

9. AGE (last birthday): 76

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): At home

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Carroll County, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Wm. F. Shafer

13b. MOTHER'S MAIDEN NAME: Arminta Forrester

14. NAME OF HUSBAND OR WIFE: S.K. Tweedie

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.

17. INFORMANT: S.K. Tweedie, Carrollton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 25 Days

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): Chronic Congestive Heart Failure -

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 2-22-60, to present and last saw her/him alive on 2-9-62

Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack L. Dingman (Degree or title) M.D.

22b. ADDRESS: 1407 No Jefferson Carrollton, Mo

22c. DATE SIGNED: 2-12-62

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

23b. DATE: 2/12/1962

23c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cem.

23d. LOCATION (City, town, or county) (State): Norborne Mo.

24. FUNERAL DIRECTOR: GIBSON FUNERAL HOME ADDRESS: CARROLLTON MO

25. DATE RECD. BY LOCAL REG.: 2/12/62

26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

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_____ Signed Ben W. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.