

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6458**

FILED MAR 12 1953

BIRTH NO. 15991 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 90

77005
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Indep</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>K.C. - 7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>San. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8621 Smart</u>	

3. NAME OF DECEASED a. (First) <u>Jana</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Twyman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 - '53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Feb. 19 - 53</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indep. San. Hosp.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm. Leslie Twyman</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Alice Dry</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. L. Twyman</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Interventricular Septum 7 day</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congenital defect of heart</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7544</u>	

19a. DATE OF OPERATION <u>2/2</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Feb. 26, 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 10:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred W. Link, M.D.</u> (De signer or title)		23b. ADDRESS <u>Kansas City Mo</u>		23c. DATE SIGNED <u>2-26-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-27-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Robberson Independence, Mo.</u>	
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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
Student Embalmer

Signed: Emil W. Halbrook

Licensed Embalmer No. 4901

P. O. Address Indy, Ind

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 this body is not embalmed, fact should be so stated above.