

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26065

State File No.

FILED JUL 20 1953

2940
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BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6068</u>		Registrar's No. <u>247</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big River Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>2009</u>					
3. NAME OF DECEASED (Type or Print) <u>Billie Junior Twidwell</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1953</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 7, 1928</u>			
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trimmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln-Mercury</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co., Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			13a. FATHER'S NAME <u>William A. Twidwell</u>		13b. MOTHER'S MAIDEN NAME <u>Zola Ola Burch</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Twidwell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>499-26-1235</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilma Twidwell, St. Louis, Missouri</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Juncy Verdict</u> ANTECEDENT CAUSES <u>by automobile accident</u> DUE TO (b) <u>Multiple skull fracture</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8234 92</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g. in or about home, in factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Francois</u>		21d. (COUNTY) <u>MO.</u>		21e. (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12, 1953 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile leaving highway and overturning</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Bert J. Miller</u>				23b. ADDRESS <u>Farmington, Mo</u>				23c. DATE SIGNED <u>7/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Silvia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>July 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home, Greenville, Missouri.</u>		ADDRESS			

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

JUL 21 1958

MAY 12 1958

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 *Paul K. Royal*.....

Licensed Embalmer No. 4120.....

P. O. Address *Farmington*.....

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.