

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34810

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3908 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Juniata</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution). a. STATE <u>Mo.</u> b. COUNTY <u>Juniata</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Holland Hosp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) _____ c. (Last) <u>Twilla</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Unmarried</u>	8. DATE OF BIRTH <u>11-17-1898</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	11. BIRTHPLACE (State or foreign country) <u>Ark.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Marion Applegate</u>		13b. MOTHER'S MAIDEN NAME <u>Charles Hiner</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Twiller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Twiller</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>Adeno Carcinoma Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>54</u> , to <u>Sept 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>54</u> , and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. I. Kamwate, M.D.</u>		23b. ADDRESS <u>Blytheville</u>	23c. DATE SIGNED <u>10-20-54</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>9-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Blytheville Ark</u>
DATE RECD BY LOCAL REG. <u>10-5-54</u>	REGISTRAR'S SIGNATURE <u>L. H. ...</u>	249-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robb Funeral Home Bly Ark</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

11-246-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 70
CARUTHERSVILLE, MO.

NOV 4 1954

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.