THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25450

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Latham Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Bunceton 027 — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) Lone Elm. — Reside on Farm Yes ✓ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle HERMAN Last TWILLMAN

4. DATE OF DEATH Month Aug Day 4 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct 19-1879

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 9 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY No.

11. BIRTHPLACE (City and state or country) Bunceton Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Twillman

14. MOTHER'S MAIDEN NAME Minnie King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. No.

17. INFORMANT Carl Maser Address California Mo.

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) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

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) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 May 15th 1957 to August 4th and last saw him alive on August 3rd
Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lionel M Gallagher M.D.

22b. ADDRESS California Mo.

22c. DATE SIGNED 8-5-57

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

23b. DATE 8-6-1957

23c. NAME OF CEMETERY OR CREMATORY Lone Elm Cemetery

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

24. FUNERAL DIRECTOR Hugh E Williams ADDRESS California Mo

25. DATE RECD. BY LOCAL REG. 8-6-57

26. REGISTRAR'S SIGNATURE Helen L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

Diseases in Part I must be casually related.

50 6 0

AUG 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Hugh E. Williams

Licensed Embalmer No. 35

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.