

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017237

STATE FILE NUMBER

FILED MAY 20 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 W. 8th.		d. STREET ADDRESS (If outside, give location) 211 W. 8th.	
3. NAME OF DECEASED (Type or print) First Olive Middle Agnes Last TWOMEY		4. DATE OF DEATH Month May Day 13 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-10-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hickman Co. Tennessee.
13a. FATHER'S NAME William K. Chandler		13b. MOTHER'S MAIDEN NAME Melissa A. Bates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Mrs. Richard Sanders, 211 W. 8th, Kennett.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271		INTERVAL BETWEEN ONSET AND DEATH 10 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5271	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION Kennett Mo	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5/13/59	
21. I attended the deceased from May 1, 1959 to May 13, 1959 and last saw her/him alive on 5/13/59 . Death occurred at 5:10 A. on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5/13/59	
22a. SIGNATURE George W. German (Degree or title)		22b. ADDRESS Kennett Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-14-59	
23c. NAME OF CEMETERY OR CREMATORY Port Gibson Cemetery		23d. LOCATION (City, town, or county) (State) Port Gibson, Mississippi	
24. FUNERAL DIRECTOR John W. German Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. May 13-59	
		26. REGISTRAR'S SIGNATURE Earl H. ...	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1956 JUN 8

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COUNTY FILE NUMBER 237-122

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 John A. German

Licensed Embalmer No....4355.....

P. O. Address Hayti, Missouri...

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.