MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030022
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3038 Registrar's No. 31

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY Linn.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 515 E Brooks. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 E Brooks — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Margaret Cecilia Twomey
4. DATE OF DEATH Month Day Year: Aug 17 1961
5. SEX F
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 1 1894
9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months 7 Days 16 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY School Teacher
11. BIRTHPLACE (City and state or country) Quincy Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James W Ryan
13b. MOTHER'S MAIDEN NAME Catherine Dusy
14. NAME OF HUSBAND OR WIFE T A Toomey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Nora Ryan Brookfield Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 10 yrs
DUE TO (c) Generalized Debility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CA Sigmoid Colon with major metasis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 7/3/1952 to 8/17/61 and last saw her/him alive on 8/17/61
Death occurred at 4am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. White, D.O. — John W. White, D. O.
22b. ADDRESS Brookfield, Mo.
22c. DATE SIGNED 8/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 19 1961
23c. NAME OF CEMETERY OR CREMATORY St Michaels
23d. LOCATION (City, town, or county) (State) Brookfield Mo.

24. FUNERAL DIRECTOR ADDRESS H Ives Bowden
25. DATE RECD. BY LOCAL REG. 8-18-61
26. REGISTRAR'S SIGNATURE Linna Watson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

AUG 31 1967

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 Homer S. Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 9

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.