

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27557

State File No. _____
Registrar's No. 1657

FILED AUG 24 1956

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 1407 West Third St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) BERTHA	b. (Middle) BAILEY	c. (Last) TITMARSH	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 17, 1872	9. AGE (In years) (last birthday) 83	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours	if UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Bailey	13b. MOTHER'S MAIDEN NAME Thurza Breton	14. NAME OF HUSBAND OR WIFE Robert Titmarsh (Decd.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Windle ADDRESS Chillicothe, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho pneumonia		48 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure		96 hours
DUE TO (c) Chronic Lymphatic Leukemia		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1953, to Aug. 15, 1956, that I last saw the deceased alive on Aug. 15, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE William S. Fair (Degree or title) M.D.	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 8/16/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 18	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Denver Colorado
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DATE REC'D BY LOCAL REG. 8/16/56	REGISTRAR'S SIGNATURE Francis B Neel	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME: ADDRESS Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1956

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 *Edwin Norman*.....

Licensed Embalmer No. 4036...

P. O. Address Chillicothe,

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.