

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-043029

STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 3074 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		c. CITY OR TOWN <b>SIKESTON</b>	
Length of stay in 1b <b>9 YRS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>104 PETTY ST.</b>		d. STREET ADDRESS (If outside, give location) <b>104 PETTY ST.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>TITUS</b> Last <b>TITUS</b>			4. DATE OF DEATH Month <b>11</b> - Day <b>13</b> - Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-15-1873</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>GRADY, ARK</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>
13a. FATHER'S NAME <b>-</b>		13b. MOTHER'S MAIDEN NAME <b>-</b>		14. NAME OF HUSBAND OR WIFE <b>MARY TITUS</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>723-14-0230</b>	17. INFORMANT <b>MARY TITUS, SIKESTON, MO.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Carcinoma of the stomach</b>		<b>15 MO.</b>
DUE TO (b) <b>Partial Intestinal Obstruction</b>		<b>3 MO.</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
20c. TIME OF INJURY Hour <b>5:30</b> a.m. / p.m. Month, Day, Year <b>9-17-59</b>	20d. INJURY OCCURRED WHILE AT WORK <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.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from **9-17-59** to **10-29-59** and last saw <sup>her</sup>him alive on **10-29-59**.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Thomas O. McChue, M.D.</b>	22b. ADDRESS <b>Siikeston, Mo.</b>	22c. DATE SIGNED <b>11-25-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>11-22-1959</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET</b>	23d. LOCATION (City, town, or county) (State) <b>SIKESTON, MO.</b>
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24. FUNERAL DIRECTOR <b>ALVIN DOTSON, SIKESTON, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-3-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gris S. Manbare

Licensed Embalmer No. 4691  
P. O. Address 5114 1/2 St

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.