

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-017830

AMENDED

FILED MAY 19 1961

Primary Registration District No. 1002 Registrar's No. 2296

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Harry Statland

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> , COUNTY <b>Jackson</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | Length of stay in 1b<br><b>18 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>6620 Linden Rd.</b>              |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Harold</b> Middle <b>A.</b> Last <b>Titus</b>  |   |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>8</b> Year <b>1961</b>                   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 10, 1896</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Dist. Manager</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>By Cyrus Erie Co.</b>   | 9. AGE (last birthday)<br><b>64</b>  |
| 11a. BIRTHPLACE (City and state or country)<br><b>New York</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME<br><b>James Titus</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mae Riley</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Barbara Titus</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Barbara Titus, 6620 Linden Rd. K. C. Mo</b>              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Septicemia postoperative</b><br>DUE TO (b) <b>wound dehiscence</b><br>DUE TO (c) <b>Carcinoma of recto sigmoid</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk</b><br><b>2 wks</b><br><b>about 1 mo</b> |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1946</b> to <b>present</b> and last saw her alive on <b>Apr-3 1961</b><br>Death occurred at <b>10:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Harry Statland MD</b>   |   | 22b. ADDRESS<br><b>751 E 63 St.</b>   | 22c. DATE SIGNED<br><b>5-9-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  | 23b. DATE<br><b>5-11-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>D. W. Newcomers Sons</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>        |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Stine &amp; McClure, Kansas City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-9-61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

see Henry's testland  
10 to 4

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City

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.