

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5708

**63-022310**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 13 1963**

VS 300  
Rev. 4/59

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**81**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>		c. CITY OR TOWN <u>South Roxana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>526 Melrose Ave.</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>Alan</u> Last <u>Titsworth</u>			4. DATE OF DEATH Month <u>May</u> Day <u>28</u> , Year <u>1963</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH <u>1/8/1962</u>		9. AGE (last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) <u>Alton, Ill.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>				13a. FATHER'S NAME <u>Joe Titsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Jean Euge</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Joe Titsworth, 526 Melrose So. Roxana, Ill</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Subdural Hemorrhage, apparently</u> <u>due to fall down steps at home in</u> <u>So. Roxana, Illinois, on or about May 28, 1963.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <u>accident 900.0-21</u>										INTERVAL BETWEEN ONSET AND DEATH			
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					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>see above</u>									
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>5-28-63</u>		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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>So. Roxana, Illinois</u>		COUNTY STATE			
21. I attended the deceased from <u>6:15 P.M.</u> to <u>  </u> and last saw her alive on <u>  </u> Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, or title) <u>Nelen L. Taylor, Coroner</u>						22b. ADDRESS <u>1300 Clark Ave.</u>			22c. DATE SIGNED <u>5-29-63</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-29-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Evangelical</u>		23d. LOCATION (City, town, or county) <u>Columbia, Ill.</u>		23e. (State)					
24. FUNERAL DIRECTOR <u>Marks Funeral Home, Wood River, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 29 1963</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>							

USE BLACK INK OR TYPEWRITER RIBBON

**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 Elton R. Penulera

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

**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.**