

FILED JUL 7- 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20408**  
**2783**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>3.5 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3125 Michigan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothy</b>	b. (Middle) <b>PEARL C.</b>	c. (Last) <b>Titsworth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 28 51</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY-11-1888</b>	9. AGE (In years last birthday) <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-OPERATOR</b>	11. BIRTHPLACE (State or foreign country) <b>FLORENCE KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANCIS COFFEY</b>	13b. MOTHER'S MAIDEN NAME <b>AMELIA UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>RALPH W. TITSWORTH</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RALPH W. TITSWORTH</b> ADDRESS <b>3125 MICHIGAN AVE KANSAS CITY, MO</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastrointestinal hemorrhage</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES DUE TO (b) <b>Generalized carcinomatosis with metastases-primary probably breast</b>		
	DUE TO (c) <b>breast</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 20, 1951** to **June 28, 1951** that I last saw the deceased alive on **June 28, 1951** and that death occurred at **1:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. L. Burns M.D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>6-28-51</b>
24a. BURIAL CREMATION (REMOVED) (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE-30-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SOLDIER CEMETERY</b>
DATE REC'D BY LOCAL REG. <b>6-30-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	24d. LOCATION (City, town, or county) (State) <b>SOLDIER KANSAS</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomb</b> ADDRESS <b>1331-BRUSH CREEK KANSAS CITY, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed

*John T. Deans*

Licensed Embalmer No. *4453*

P. O. Address *Hanson 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 this body is not embalmed, fact should be so stated above.