

FILED AUG 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27774
Registrar's No. 79

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5900</u>		Registrar's No. <u>79</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscott</u> <u>0780</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscott</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Deering</u>		c. LENGTH OF STAY (In this place) <u>Rural</u> <u>20yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deering</u> <u>0780</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>			b. (Middle) <u>R</u>		c. (Last) <u>Tittle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>1</u> <u>1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-7-1902</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>49</u> <u>6</u> <u>24</u> <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Corbin Hill, Ala</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jess V. Tittle</u>			13b. MOTHER'S MAIDEN NAME <u>Mintie Terey</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V.K. Tittle Steele, Mo. Rt; 2</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dead on Arrival</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>Several years</u> <u>Several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 <u>8/1</u> , 19 <u>51</u> , to <u>8/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>51</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <u>Robert Barthel D.O.</u>				23b. ADDRESS <u>Steele, Mo.</u>			23c. DATE SIGNED <u>8/1/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Files Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Corbin Hill, Ala</u>			
DATE REC'D BY LOCAL REG. <u>8-14-51</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>German Funeral Home Steele, Mo.</u>					

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

8-51-199
Rec. AUG 16 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

06:

Student Embalmer No.
Signed *John W. German*

Licensed Embalmer No. *A 355*

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