

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27291**

SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **911**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #2 St. Joseph		d. STREET ADDRESS (If rural, give location) RR #3 St. Joseph Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ALBERT c. (Last) TITZEL			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 19, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad ret.		10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (State or foreign country) Perry Co. Penn.		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Titzell	13b. MOTHER'S MAIDEN NAME Mary Luper	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Hurd ADDRESS St. Joseph Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Dropsy		30 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____		5 yrs.
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4500
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	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 1st 1952** to **Aug. 28, 1952**, that I last saw the deceased alive on **Aug. 27, 1952**, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. ... (Degree or title)	23b. ADDRESS Wathena, Kansas	23c. DATE SIGNED 8-29-1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Stammy Funeral Home ADDRESS St. Joseph Mo.	
DATE REC'D BY LOCAL REG. Sept. 2, 1952	REGISTRAR'S SIGNATURE Carl ...	

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

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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.