

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16819

State File No. ....

MAY 1 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>22</u>		PRIMARY REG. DIST. NO. <u>4519</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BRANSON</u>		c. LENGTH OF STAY (in this city or township) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRANSON</u>		OR TOWN <u>1060</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skages Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>BRANSON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>D.</u>			c. (Last) <u>Tittsworth</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 24 - 1879</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry cleaning</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William G. Tittsworth</u>		13b. MOTHER'S MARRIED NAME <u>Jean Law</u>		14. NAME OF HUSBAND, OR WIFE <u>Delia Tittsworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>19172194-85-20-6169A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delia Tittsworth</u>		ADDRESS <u>331X</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 vascular accident</u>						INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <u>7 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Essential</u>							
		DUE TO (c) <u>Unknown</u>							
		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 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)		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>12 PM 1953</u> to <u>14 April 1953</u> , that I last saw the deceased alive on <u>4-14</u> , 1953, and that death occurred at <u>6 PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.C. Magner M.D.</u>				23b. ADDRESS <u>Branson, Mo.</u>				23c. DATE SIGNED <u>4/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arado</u>		24d. LOCATION (City, town, or county) (State) <u>Arado, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>4-27-53</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brink-Berlinger</u>		ADDRESS <u>Arado, Iowa</u>			

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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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forney TX

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.