

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22756**
Registrar's No. **685-A**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. CITY OR TOWN Rural Campbell	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) Springfield RFD#9	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) DAVID	c. (Last) TITTEL	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 11 March 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Court Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Russell County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Tittel	13b. MOTHER'S MAIDEN NAME Safah Anna Jones	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 514-05-5981	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns 2nd & 3rd degree of 85% of body		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9168 40	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tourist Court	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Greene County Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 1954 7 P.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gas ed. poisoning
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22. I hereby certify that I attended the deceased from **July 7, 1954**, to **July 11, 1954**, that I last saw the deceased alive on **July 15, 1954**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Marcus M.D.	23b. ADDRESS 623 Woodruff Bldg	23c. DATE SIGNED 7-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-54	24c. NAME OF CEMETERY OR CREMATORY Great Bend, Kansas	24d. LOCATION (City, town, or county) (State) Great Bend, Kansas
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DATE REC'D BY LOCAL REG. 7/21/54	REGISTRAR'S SIGNATURE Earl Williams	FUNERAL DIRECTOR'S SIGNATURE Jewlingner & Co.	ADDRESS Springfield, Mo.
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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
Signature of Student Embalmer

Signed *J. B. Klingner*
Licensed Embalmer No. 335

P. O. Address

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.