

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

38275

STATE FILE NUMBER

4776

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Veterans Adm. Hos.</u>			Length of stay in lb <u>34 yrs.</u>		d. STREET ADDRESS <u>1026 Brooklyn</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Gus</u> Middle <u>Taylor</u> Last <u>Tittle</u>				4. DATE OF DEATH Month <u>October</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 30, 1892</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit & Veg. Store</u>		11. BIRTHPLACE (City and state or country) <u>Houston, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Richard Tittle</u>				14. MOTHER'S MAIDEN NAME <u>Julia Duncan</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W. W. I</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>VA. Hospital Official records K. C. Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>intestinal obstruction and strangulation</u> <u>volvulus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>old myocardial infarct, hypertensive heart disease, pulmonary edema</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>H. L. Dwyer</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. L. Dwyer</u> H. L. Dwyer			22b. ADDRESS <u>Health Officer, City Hall</u>		22c. DATE SIGNED <u>11-5-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11-5-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth Nat'l. Cem.</u>		23d. LOCATION (City, town, or county) <u>Ft. Leavenworth, Kans.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>C. E. Davis</u> <u>Kansas City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-5-56</u>		25. REGISTRAR'S SIGNATURE <u>Neva Minchell</u>		

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 *Landis L Jackson*

Licensed Embalmer No. 48

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.