FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38276

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5027

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in Ib 27 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1328 Bellefontaine — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lillian Middle: Sophie Last: Titus
4. DATE OF DEATH Month: 11 Day: 19 Year: 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 18 1898
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W.C.A. Lietzow
14. MOTHER'S MAIDEN NAME Frances Zadneck
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Abram B. Titus — Address 1328 Bellfontaine K.C.Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infarction of small bowel
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic occlusion of superior mesenteric artery
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 5 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-14-1956, to 11-19-1956 and last saw her alive on 11-19-1956
Death occurred at 7:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns M.D. (Degree or title) B.I. Burns
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 11-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 21 1956
23c. NAME OF CEMETERY OR CREMATORY Mt Washington
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs C.L. Forster Funeral Home Kas. C. Mo.
25. DATE RECD. BY LOCAL REG. 11-20-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John V. Henrick Jr.

Licensed Embalmer No. 48

P. O. Address P. O. Sa

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