

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033359

STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Odessa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lex. Memorial		Length of stay in 1b 3 weeks	
d. STREET ADDRESS 114 N. Wells		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cordie Lee Titus		4. DATE OF DEATH Sept 17 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Henrietta, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Stovall		14. MOTHER'S MAIDEN NAME Sarah Prather	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give pay or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Gladys Pem, Blue Springs, Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute aleukemic Leukemia			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Etiology unknown			
DUE TO (c) Terminal Pneumonia			2043
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 <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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5-6-58 to 9-17-58 and last saw her alive on 9-16-58 Death occurred at 4:17 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Cecil L. Watson, M.D. (Degree or title)		22b. ADDRESS Odessa, Mo.	
		22c. DATE SIGNED 9-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-19-58	
23c. NAME OF CEMETERY OR CREMATORY Woodlawn cemetery		23d. LOCATION (City, town, or county) (State) Independence Missouri	
24. FUNERAL DIRECTOR Ralph O. Jones, Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 9-26-58	
		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 6 1958

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 *Ralph O Jones*

Licensed Embalmer No. *46*

P. O. Address *Odessa*

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.