

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002558
 STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 4

1. PLACE OF DEATH
 a. COUNTY Ripley
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan Twp. Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #2 Doniphan Length of stay in 1b 8 years
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Ripley
 c. CITY OR TOWN Doniphan Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 0910 Rt. #2 Doniphan Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Lemuel Eugene Titus
 4. DATE OF DEATH Month Day Year
JAN 13, 1959
 5. SEX MALE 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
 8. DATE OF BIRTH Feb 26, 1891 9. AGE (In years last birthday) 75 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) LABORER (RTR)
 10b. KIND OF BUSINESS OR INDUSTRY GLASS MILLS
 11. BIRTHPLACE (City and state or country) Philadelphia, PENNA.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.
 13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #2.
 16. SOCIAL SECURITY NO. 491X 17. INFORMANT Address Mrs. DNA MURPHY Doniphan, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma, chronic bronchitis, coronary
 19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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
491X

21. I attended the deceased from 11-8-58 to 1-9-59 and last saw him alive on 1-9-59
 Death occurred at 3 a.m. 1-13-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William Barnette D.O. 22b. ADDRESS Doniphan, Mo. 22c. DATE SIGNED 1-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-15-59 23c. NAME OF CEMETERY OR CREMATORY DAK GROVE CEMETERY 23d. LOCATION (City, town, or county) (State) Ripley County, MO

24. FUNERAL DIRECTOR ADDRESS EDWARDS FUNERAL HOME Doniphan, MO 25. DATE RECD. BY LOCAL REG. 1-19-59 26. REGISTRAR'S SIGNATURE Flava Broz.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 29 1959

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 *Ray Meamer*

Licensed Embalmer No. *3743*

P. O. Address *Dorchester,*

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.