

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 20038897 STATE FILE NUMBER

DC FILED 07 64

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Highway #60</u>		d. STREET ADDRESS (If outside, give location) <u>Star Rt.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Loy</u> Middle <u>Ernest</u> Last <u>Titsworth</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1964</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-3-22</u>
9. AGE (last birthday) <u>44</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Shawnee, Okla.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Floyd Titsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Boles</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>464-07-1192</u>		17. INFORMANT <u>Nancy McQuerry</u> Address <u>Winona, 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>INTERNAL HEMORRHAGE</u> DUE TO (b) <u>CRUSHED CHEST</u> DUE TO (c) <u>Coroner of Shannon Co. Frank W Jones</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(Gatified)</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 <u>9</u> Month <u>9</u> Day <u>28</u> Year <u>1964</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Winona Shannon Co. Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank W Jones Coroner</u>		22b. ADDRESS <u>Emmence MO</u>	
22c. DATE SIGNED <u>10-1-1964</u>			
23b. DATE <u>9-10-2-64</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Winona</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Clary Funeral Home, Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-6-64</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Rollins per Ann Selvey</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

1099.01

1099.01

OCT 8 1964

*Permit Obtained*

**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 *Ernest E. Clary*

Licensed Embalmer No. *5118*

P. O. Address *Winona, Mo.*

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.