S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16984

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2104

1. PLACE OF DEATH
a. COUNTY: Jackson (St. Joseph's Hospital) Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osborn Mo. 0750
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): ALBERT
c. (Last): Totzke

4. DATE OF DEATH (Month) (Day) (Year): 5 6 50

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9 1893

9. AGE (In years last birthday): 57
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): Oiler

10b. KIND OF BUSINESS OR INDUSTRY: Lead Lead Pipe Co.

11. BIRTHPLACE (State or foreign country): Osborn Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Totzke

13b. MOTHER'S MAIDEN NAME: Caroline Groer

14. NAME OF HUSBAND OR WIFE: Mildred Totzke

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.: 487-03-9043

17. INFORMANT'S SIGNATURE OR NAME: Mildred C. Totzke
ADDRESS: Osborn Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound of head — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mental Depression
DUE TO (c) Ill health (hypertension) — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osborn Clinton Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-6-50 7:30 A.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from* 3:15 PM, ~~19~~, *to* 3:45 PM, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE F. A. Carmichael Jr. (Degree or title): F. A. Carmichael Jr. M.D. OMD

23b. ADDRESS: 411 Alameda Road

23c. DATE SIGNED: 6 May 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-9-50

24c. NAME OF CEMETERY OR CREMATORY: Osborn

24d. LOCATION (City, town, or county) (State): Osborn Mo

DATE REC'D BY LOCAL REG.: 5-7-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Poland Funeral Home Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1950

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.