

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8070**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **5289** Registrar's No. **27**

1. PLACE OF DEATH
a. COUNTY **CLAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO** b. COUNTY **CLAY**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Linden**

c. CITY OR TOWN **Linden** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Rt 12 W.C. East Linden 1 mile**

e. STREET ADDRESS (If rural, give location) **Rt 12 W.C. 6000**

3. NAME OF DECEASED (Type or Print) a. (First) **ELLA** b. (Middle) **(SARA ELLEN)** c. (Last) **TOTTEN**

4. DATE OF DEATH (Month) (Day) (Year) **MARCH 18-54**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **Feb 26-1878**

9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months Days IF UNDER 12 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 Foreign Country) **DETAILED Co. Mo.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Wm Radrick Hylton**

13b. MOTHER'S MAIDEN NAME **SARAH CAMMON CATHERINE DAVIS**

14. NAME OF HUSBAND OR WIFE **DEPT. TOTTEN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 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 (Degree or title) **D.A. Pate M.D. Coroner**

23b. ADDRESS **3 North Kansas City Mo**

23c. DATE SIGNED **3/18/54**

24a. BURIAL, CREMATION, REMOVAL **Removal**

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY **SHARP CEMETERY**

24d. LOCATION (City, town, or county) (State) **AMITY MO.**

DATE REC'D BY LOCAL REG. **3-19-54**

REGISTRAR'S SIGNATURE **Marguerite Hudgens**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D.W. NEWCOMERS, No. KANSAS CITY MO**

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

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.....
John W. Kalsbeek

Licensed Embalmer No. *494*

P. O. Address *North Kansas*

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.