

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16284

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 614

Health,
Welfare
Public
Service

300
1-56

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

*USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If in institution before admission)			
a. COUNTY Buchanan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph				c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. # 2		Length of stay in lb 14 + yrs		d. STREET ADDRESS (If outside, give location) none given		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle G. Last TOTTEN				4. DATE OF DEATH Month JUNE Day 2, Year 1957			
5. SEX male		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 ? ? 1891	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 6 Days 8		IF UNDER 24 HRS. Hours 300 Min. 8			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME not given				14. MOTHER'S MAIDEN NAME not given			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT J.S. Cogswell, friend, Jackson County, 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) Pulmonary tuberculosis						INTERVAL BETWEEN ONSET AND DEATH 11 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Epilepsy	
						DUE TO (c) Schizophrenia, paranoid type	
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 May 1, 1957 to June 2, 1957 and last saw him her alive on June 2, 1957 Death occurred at 6 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. J. ...				22b. ADDRESS State Hosp. # 2, City		22c. DATE SIGNED 6-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE June 4, 1957		23c. NAME OF CEMETERY OR CREMATORY School of Osteopathy		23d. LOCATION (City, town, or county) (State) Kirkville, Missouri	
24. FUNERAL DIRECTOR John ...		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 5, 1957		26. REGISTRAR'S SIGNATURE Ethan M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

