Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012056
STATE FILE NUMBER

FILED APR 15 1959 Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN: Cass — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: 14 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Texas
c. CITY OR TOWN: Cass 1070 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Iva Middle: Benton Last: Totten

4. DATE OF DEATH: Month Day Year: 3-26-59

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: 11-1-1874

9. AGE (In years last birthday): 84 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Holt County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel H. Totten

13b. MOTHER'S MAIDEN NAME: Mary Fleenor

14. NAME OF HUSBAND OR WIFE: Martha Jane

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.: none

17. INFORMANT: Sylvia Lane, Address: Houston, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage (Severe)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic
DUE TO (c) Heart Disease grade IV

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Infirmities of Old Age 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 a.m. p.m. Month, Day, Year

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

21. I attended the deceased from Jan 10, 1948, to 3/26/59 and last saw ~~her~~ him alive on 3/26/59
Death occurred at 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. C. Burns, M.D.

22b. ADDRESS: Houston, Mo.

22c. DATE SIGNED: 3/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-29-59

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill

23d. LOCATION (City, town, or county) (State): Texas County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Raymond E. Duff, Houston, Mo.

25. DATE RECD. BY LOCAL REG.: 4-8-59

26. REGISTRAR'S SIGNATURE: Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tx

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.