URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59-034955
STATE FILE NUMBER

AMENDED

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morris Twp.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Morris twp.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 12 miles N. Cabool
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle LESLIE Last TOTTINGHAM
4. DATE OF DEATH Month 9 Day 16 Year 59
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-21-1922
9. AGE (last birthday) 37
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming & trucking
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mtn. Grove, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Tottingham
13b. MOTHER'S MAIDEN NAME Mary E. McLoud
14. NAME OF HUSBAND OR WIFE Nettie J. Tottingham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II & Korean
16. SOCIAL SECURITY NO. 519-18-6563
17. INFORMANT Nettie J. Tottingham, Address Rt. 2, Cabool

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ mutiple fractures of
DUE TO (c) arms & legs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
automobile left road & struck tree
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile left road and struck tree.
20c. TIME OF INJURY Hour 5:20 a.m. p.m. Month, Day, Year 9-16-59
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.) M Highway
20f. CITY, TOWN, OR LOCATION Morris twp, COUNTY Texas, STATE Missouri
21. I ~~attended~~ VIEWED the deceased ~~from~~ ON 9-16-59 to ——— and last saw her/him alive on ———
Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James L. Gentry (Coroner) (Degree or title)
22b. ADDRESS Cabool, Mo.
22c. DATE SIGNED 9-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-20-1959
23c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery
23d. LOCATION (City, town, or county) (State) Texas County, Mo.
24. FUNERAL DIRECTOR Elliott-Gontry, ADDRESS Cabool, Mo.
25. DATE RECD. BY LOCAL REG. 9-24-59
26. REGISTRAR'S SIGNATURE Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James L. Hentre

Licensed Embalmer No. 4718

P. O. Address Calool, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.