

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048593

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 44

DED

FILED VS FEB 1 5 1961

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff,		Length of stay in 1b 2 days		c. CITY OR TOWN Neelyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Samuel Middle Monroe Last Totten				4. DATE OF DEATH Month December Day 17, Year 1960									
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 10/29/88		9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stillman				10b. KIND OF BUSINESS OR INDUSTRY Kopper Co.		11. BIRTHPLACE (City and state or country) Wyanuse, Illinois		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Monroe Totten				13b. MOTHER'S MAIDEN NAME Carrie M. Knight				14. NAME OF HUSBAND OR WIFE Viola 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. 489-05-7663		17. INFORMANT Viola Totten				Address Neelyville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion of the Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes melles, Double amputee										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u>June 1957</u> to <u>17 Dec 60</u> and last saw him alive on <u>17 Dec 60</u> . Death occurred at <u>12:00 noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Carroll A. Pott</i> (Degree or title)				22b. ADDRESS Poplar Bluff, Mo				22c. DATE SIGNED 28 Dec 60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/19/60		23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) Ripley County, Missouri		(State)					
24. FUNERAL DIRECTOR Edwards-Parrent F.H. Naylor, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1/31/61		26. REGISTRAR'S SIGNATURE <i>R. M. Metcalf</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor

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.