

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D^r: AQUINO 7051
State File No. _____

FILED MAR 10 1953

BIRTH NO. 10200 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, LITTLE PRAIRIE 2 DP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, LITTLE PRAIRIE</u>	
c. LENGTH OF STAY (in this place) <u>2 DP</u>		d. STREET ADDRESS (If rural, give location) <u>LD 0780</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5mi. South, CARTHERSVILLE, MO</u>			
3. NAME OF DECEASED a. (First) <u>RANDY</u> b. (Middle) <u>DURANE</u> c. (Last) <u>TOTTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16, 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHIO</u>	8. DATE OF BIRTH <u>FEB 13, 1953</u>
9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Willie Dee Totty</u>	13b. MOTHER'S MAIDEN NAME <u>Lottie Belle Williams</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Dee Totty</u>	ADDRESS <u>CARTHERSVILLE, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		
	ANTECEDENT CAUSES Adorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthersville, Pemiscot, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 2-16, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Aquino, M.P.</u>	23b. ADDRESS <u>Carthersville, Mo.</u>	23c. DATE SIGNED <u>2-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>Carthersville, MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Nelson</u>	247	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co.</u>	ADDRESS <u>Carthersville, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4. 300
10. 48

80
1

3-85-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 7 1953

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 Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Mungle
Licensed Embalmer No. 4877

P. O. Address Caruthersville, Mo

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 this body is not embalmed, fact should be so stated above.