

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14066

State File No.

FILED MAY 1 1956

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, James Bayou</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>East Prairie</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 2, East Prairie</u>		STREET ADDRESS (If rural, give location) <u>Rt 2, East Prairie</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>TOTTEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1895</u>	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u> IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Delta, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Totten</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Totten</u>
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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) <u>No None</u>	16. SOCIAL SECURITY NO. <u>489-26-5230</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Totten, Rt 2 East Prairie</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION <u>1-13-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>reoperable carcinoma of bladder, gr IV</u>	181X	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-27, 1955, to 3-22, 1956, that I last saw the deceased alive on 3-24, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. R. Seabough, M.D.</u> (Degree or title)	23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>4-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-18-56</u>	REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Maynor</u>	ADDRESS <u>Advance, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Miss. Co. Health
County File No. APR
Date Filed APR 2

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 W^m H. Morgan

Licensed Embalmer No. 467

P. O. Address Advan

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.