

DECEMBER 1 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40529  
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 685  
(b) Township Calmer Primary Registration District No. H.H. 89  
(c) City Clarksville (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 30

2. PRINT FULL NAME

Grayson Wright Middleton  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Louise Middleton  
Nov 19, 1867

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19, 1867

7. AGE YEARS 71 MONTHS — DAYS 7  
IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo

FATHER 13. NAME Jake Middleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shepardsville Ky

MOTHER 15. MAIDEN NAME Elizabeth Willard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Elizabeth Raymond  
1940 Cote Boulevard, St. Paul

18. BURIAL, CREMATION, OR REMOVAL PLACE Strenuous DATE Nov 27, 1939

19. FUNERAL DIRECTOR (ADDRESS) Harry L. Barwood  
Clarksville, Mo

20. FILED Nov 30, 1939 W. H. Broadway  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Nov 25, 1939  
I last saw him alive on Nov 24, 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Chronic heart disease  
Due to sclerotic changes in heart muscles  
Due to arterio-sclerosis

Date of onset Unknown

Other contributory causes of importance:  
General arterio-sclerosis

Name of operation — Date of —  
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? — Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) E. M. Bartlett, M. D.  
(Address) Clarksville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harry Lawrence, Licensed Embalmer No. 2439

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Harry Lawrence

Licensed Embalmer No. 2439

**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.)**