

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10569

Registration District No. 139.

Primary Registration District No. 5200.

Registrar's No.

1. PLACE OF DEATH:

(a) County Carroll *Will Supp*
(b) City or town Tina, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years,
years, months or days)

3. (a) PRINT FULL NAME Ida May Midyett, 330

8. (b) If veteran, name war _____ 8. (c) Social Security No. None,

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife G.W. Midyett, 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 3rd, 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days XX If less than one day _____ hr. _____ min.

9. Birthplace Dawn, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business _____

12. Name Cyrus Rea.

13. Birthplace Logan County Ohio. (City, town, or county) (State or foreign country)

14. Maiden name Kitty Ann Stewart.

15. Birthplace Logan County Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grady's Sykes,

(b) Address Dawn, Missouri.

17. (a) Burial (b) Date thereof 3/5/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) Mar 5 1940 (b) Mrs Sallie Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll

(c) City or town Dawn, Missouri, RFD#.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day third,
year 1940 hour 5:15 minute A.M.

21. I hereby certify that I attended the deceased from Mar. 1
40 to Mar. 3 1940
that I last saw her alive on Mar. 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Intestinal Insufficiency
Due to Infantile jaundice
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature P. Hamilton M. D. or other _____

Address Carrollton, Missouri. Date signed Mar 4 1940

WRITE PLAIN UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOTE: FILL IN THESE SPACES

Date Filed _____
District File Number 07-11-70
District Health Officer No. 8
RECEIVED

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 _____

Clifford W. Austin,

Registered Apprentice No. _____

working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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, above space should be left blank.