

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4230

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 26 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 Amethyst Street /		d. STREET ADDRESS (If rural, give location) 514 Amethyst Street	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Middlebrook	4. DATE OF DEATH (Month) (Day) (Year) March 6, 1949
--	---

5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3, 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 2 WKS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Okalona, Mississippi /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Ann Middlebrook	14. NAME OF HUSBAND OR WIFE Dollie Middlebrook
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-05-6340	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Dollie Middlebrook, Cape Girardeau, Mo.
--	--	---

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		?
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes insipidus			2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT 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 Mar 4, 1949, to Mar 6, 1949, that I last saw the deceased alive on Mar 4, 1949, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. O. Schuck, M.D.	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 3/8/49
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. March 10-49	REGISTRAR'S SIGNATURE E. O. Summers	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS I. J. Sparks, Cape Girardeau, Mo.
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
4

RECEIVED

Health Officer No. 4

Phone 349-351

3-14-49

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
Student Embalmer

Signed *Frank J. Sparks*

Licensed Embalmer No. 34835

P. O. Address *Cape Girardeau*

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.