

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33075**
 Registrar's No. **1086**

FILED OCT 17 1949

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 26 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 Jules St.		d. STREET ADDRESS (If rural, give location) 505 N. 10th	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) E. c. (Last) Middleton			4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1949		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 1, 1872		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 11 Days 3 IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Unionville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. N. Stewart	13b. MOTHER'S MAIDEN NAME Arradna Wyckoff	14. NAME OF HUSBAND OR WIFE Charles A. Middleton		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae M. Walker ADDRESS 505 N. 10th		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1/2 day
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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.)	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 **June 7, 1948**, to **Oct 4, 1949**, that I last saw the deceased alive on **Oct 3, 1949**, and that death occurred at **9:25A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Racine G. Neudorff, M.D.	23b. ADDRESS 902 Edmond St.		23c. DATE SIGNED 10/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/1949	24c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	24d. LOCATION (City, town, or county) (State) Unionville, Missouri	
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DATE REC'D BY LOCAL REG Oct 7, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS General St. Joseph Home	
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(Licensed Embalmer's Statement on Reverse Side)

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

W. M. M. M.

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

James P. H. H.

Licensed Embalmer No. 4536

P. O. Address 3195 10th St. Joseph, 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.