

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43520

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4522 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheel City</u>	c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hoagland Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>ETTA</u>	c. (Last) <u>Midkiff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 18, 1861</u>	9. AGE (In years last birthday) (Specify) <u>88 yrs 11</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Whitesell</u>	13b. MOTHER'S MAIDEN NAME <u>do not know</u>	14. NAME OF HUSBAND OR WIFE <u>Benjamin F. Midkiff</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</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Errett H. Midkiff</u>	ADDRESS <u>Rockville, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>5 yrs.</u> <u>5 yrs.</u> <u>4501</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of Foot</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Chronic Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>	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) m.	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 10/30, 1942 to 12/24, 1949, that I last saw the deceased alive on 12/22, 1949, and that death occurred at 2:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Bjerke, P.O.</u>	(Degree or title)	23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>12/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 26-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Sarah E Gray</u> 329	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & son</u>	ADDRESS <u>Sheel City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1249-1522

Date Filed 1-3-50

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 _____

Francis J. Lewis

Student Embalmer No. 330

working under my personal supervision.

Student Francis J. Lewis.....
Student Embalmer

Signed Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.