

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7742

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 271

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
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 Stanberry 0380	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			

3. NAME OF DECEASED (Type or Print) Christopher Columbus Midyett	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Mar. 6, 1950
				(Month) (Day) (Year)

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1881	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 0	11. UNDER 2 HRS. Days 13	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Worth County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Midyett	13b. MOTHER'S MAIDEN NAME Matilda McQuarry	14. NAME OF HUSBAND OR WIFE Dell Midyett
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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. C.C. Midyett, Stanberry, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory failure 2 days DUE TO (c) Acute peritonittis 8 days		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute ruptured appendicitis		382

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Acute ruptured gangrenous appendicitis	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 2-28, 19 50, to 3-6, 19 50 that I last saw the deceased alive on 3-6, 19 50, and that death occurred at 9:33Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) W.O.	23b. ADDRESS 823 Faraon - St. Joseph, Mo.	23c. DATE SIGNED 3-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/6/1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Stanberry, Missouri
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DATE REC'D BY LOCAL REG. March 10, 1950	REGISTRAR'S SIGNATURE E. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Joseph Mo.
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MAY 2 1950

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 Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 515 South St. Joseph.....

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.