

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. **23613**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3009**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **25 Yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **2211 East Ninth St**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **2211 East Ninth St.,**

3178
3175

3. NAME OF DECEASED
a. (First) **Elmer** b. (Middle) **Lee** c. (Last) **Middaugh**
4. DATE OF DEATH (Month) (Day) (Year) **July 9 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **November 7 1889** 9. AGE (In years last birthday) **60** IF UNDER 1 Year Months Days IF UNDER 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Painter & Paperhanger** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nathan Middaugh** 13b. MOTHER'S MAIDEN NAME **Neoma Matthews** 14. NAME OF HUSBAND OR WIFE **Lula Middaugh**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes World War # 1** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Dorothy Remley** ADDRESS **2211 E. 9 St K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerotic Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **History Heart Trouble**

INTERVAL BETWEEN ONSET AND DEATH
4200

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **No Post** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Natural** 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Hugh B. Owens** (Degree or title) _____ 23b. ADDRESS **1034 Oak St Bldg** 23c. DATE SIGNED **7-10-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **July 13 1950** 24c. NAME OF CEMETERY OR CREMATORY **Fort Leavenworth** 24d. LOCATION (City, town, or county) (State) **Fort Leavenworth, Kans.**

DATE REC'D BY LOCAL REG. **7-10-50** REGISTRAR'S SIGNATURE **Seraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Mrs C.L. Forster** ADDRESS **Kansas City, Missouri.**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

J. W. Herreck

Licensed Embalmer No. 3599

P. O. Address 918 Brooklyn

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.