

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38207

State File No.

BIRTH NO. 127 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 378

0940

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins R. R. 1 Randolph Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Randolph Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Elvins Route one</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Middleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>11-18-1950</u>		9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>0 0 0 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Elvins Route one, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					

13a. FATHER'S NAME <u>Lehman S Middleton</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Bentley</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lehman S. Middleton</u>	
				ADDRESS <u>Elvins R. 1</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7730</u>
		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.			

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) (Min.)		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 11-18, 1950, to 11-19, 1950, that I last saw the deceased alive on 11-19, 1950, and that death occurred at 62 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesley H. Hoffman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bismarck Mo</u>		23c. DATE SIGNED <u>11-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>River Mines, MO.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son</u>	
				ADDRESS <u>Desloge, Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC - 4 1950

RECEIVED

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 _____

Body was not embalmed
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *DeSloge Md.*

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.