

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 15

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION H 34 E. Donighan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Clay  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty  
 d. STREET ADDRESS (If rural, give location) 434 E. Donighan

3. NAME OF DECEASED (Type or Print)  
 a. (First) JAMES b. (Middle) HENRY c. (Last) MIDDLETON

4. DATE OF DEATH (Month) (Day) (Year)  
Feb. 16 51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH Nov 5-1880

9. AGE (In years last birthday) IF UNDER 1 YEAR  
70 Months 3 Days 11 Hours 1 Min.

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)  
Fulton Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.

13a. FATHER'S NAME John Middleton

13b. MOTHER'S MAIDEN NAME Mary Wassen

14. NAME OF HUSBAND OR WIFE Nora P. Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Lilly Bedwell Liberty 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Probable Carcinoma of Prostate  
 ANTECEDENT CAUSES with bone involvement.  
 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.

INTERVAL BETWEEN ONSET AND DEATH  
4 years  
177X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

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)

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 1 1957, to Feb. 16, 1951, that I last saw the deceased alive on 2/16/51, 1951, and that death occurred at 3:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
W. J. P. ... MD.

23b. ADDRESS  
Liberty Mo.

23c. DATE SIGNED  
2/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

24b. DATE  
2/19/51

24c. NAME OF CEMETERY OR CREMATORY  
Fairview

24d. LOCATION (City, town, or county) (State)  
Liberty Mo.

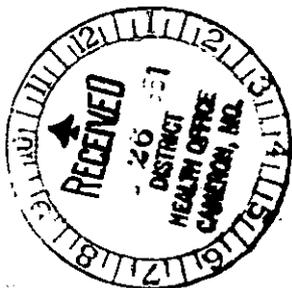
DATE REC'D BY LOCAL REG.  
Feb-19-1951

REGISTRAR'S SIGNATURE  
Minnie Hansen

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Church-Archer Co. Liberty Mo.

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

0241



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 Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.