

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9801

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4466 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) COLUMBUS	c. (Last) MIDDLETON	4. DATE OF DEATH (Month) (Day) (Year) March 28 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 17 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 11	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleview Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Middleton	13b. MOTHER'S MAIDEN NAME Sarah Rice	14. NAME OF HUSBAND OR WIFE Ida Lee Petty Middleton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Middleton, Bismarck 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) Infirmity of old age.		
	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
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 1, 1951, to March 28, 1951, that I last saw the deceased alive on March 27, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. W. Gale, M.D.	23b. ADDRESS Bismarck Mo	23c. DATE SIGNED 3/29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-51	24c. NAME OF CEMETERY OR CREMATORY K.P. Cemetery	24d. LOCATION (City, town, or county) Ironton Missouri
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DATE REC'D BY LOCAL REG. Mar 29 1951	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

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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 \_\_\_\_\_

*Lyle H. White*

Licensed Embalmer No. 4295

P. O. Address Winton, 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.