

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26540

FILED SEP 12 1951		REG. DIST. NO. 104	PRIMARY REG. DIST. NO. 5418	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b> <b>0350</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Cotton Hill Twp</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Cotton Hill Twp</b> <b>0350</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Campbell, Mo. Rte. 1</b>		d. STREET ADDRESS (If rural, give location) <b>Campbell, Mo. Rte. 1</b> <b>0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>		b. (Middle) <b>E.</b>		c. (Last) <b>MIDKIFF</b>
4. DATE OF DEATH <b>AUG. 24</b>		5. DATE (Month) (Day) (Year) <b>1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 26, 1861</b>	9. AGE (In years last birthday) <b>89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William King</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jennie Knotts Campbell, Mo. R. 1</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>331X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>Aug 20, 1951</b> , to <b>Aug 24, 1951</b> , that I last saw the deceased alive on <b>Aug 23, 1951</b> , and that death occurred at <b>10:30 AM.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>H. J. Rutledge</b>		23b. ADDRESS <b>Mrs. Campbell, Mo</b>		23c. DATE SIGNED <b>9/25/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Gilead Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton, Mo. Rte. 1</b>	
DATE REC'D BY LOCAL REG. <b>9/1/51</b>	REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home Campbell, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-4-51

COUNTY FILE NUMBER 951-235

**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.