

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24577

3083

FILED AUG 4 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3083	
1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. LENGTH OF STAY (In this place) <i>1 Day</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Holden</i>		<i>1510</i>	
d. FULL NAME OF (If not in hospital or institution give street address or location) <i>Lakeside Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>X /</i>			
3. NAME OF DECEASED a. (First) <i>EULLA</i>		b. (Middle) <i>JANE</i>		c. (Last) <i>MIDDLESWORTH</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 28, 1952</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>JUNE 23, 1892</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months <i>60</i>	IF UNDER 1 YEAR Days <i>60</i>	IF UNDER 24 HRS. Hours <i>60</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>JOHNSON COUNTY, MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>SHERMAN ATKINS</i>		13b. MOTHER'S MAIDEN NAME <i>SALLY CASTLE</i>		14. NAME OF HUSBAND OR WIFE <i>ELMER MIDDLESWORTH, DECEASED</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO.</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>DORIS ANDERSON, HOLDEN, MO</i>			
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) <i>Surgical Shock Following Operation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 hr.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Intestinal Obstruction?</i>					
		DUE TO (c) <i>Strangulated Ventrals</i>				<i>24 hr.</i>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hernia</i>				<i>5 1/2 13</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <i>147x of small intestine was adhered into one mass + Strangulated Ventrals</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>6-27, 1952</i> , to <i>6-28, 1952</i> , that I last saw the deceased alive on <i>6-27, 1952</i> , and that death occurred at <i>7:25 AM.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>L. J. Graham DO</i> (Degree or title)				23b. ADDRESS <i>418 Bryant Bldg</i>		23c. DATE SIGNED <i>7-1-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>7-1-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>HOLDEN CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>HOLDEN, MO.</i>		
DATE REC'D BY LOCAL REG. <i>7-7-52</i>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G.B. Carr, Holden, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 11 1952

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 E. B. Cast

Licensed Embalmer No. 4059

P. O. Address Holden, 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.