

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4227 Registrar's No. 76

1. PLACE OF DEATH
 a. COUNTY Neward.
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) New Franklin Mo
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo b. COUNTY Neward.
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Franklin Mo
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) Willis b. (Middle) Jeals c. (Last) Middleton

4. DATE OF DEATH (Month) (Day) (Year)
Aug 30 - 1952

5. SEX male

6. COLOR OR RACE white

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

8. DATE OF BIRTH June 9 - 1888

9. AGE (In years last birthday) 64
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tramway School

10b. KIND OF BUSINESS OR INDUSTRY
Guard.

11. BIRTHPLACE (State or foreign country)
Paris Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
James Middleton

13b. MOTHER'S MAIDEN NAME
Anne P. Luttingham

14. NAME OF HUSBAND OR WIFE
Mrs Tom Boyce Sheridan

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Tom Boyce Sheridan

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) Coronary occlusion
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arteriosclerosis
 DUE TO (c) Hypertension
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 or 2 hour
5 year.
5 year.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
4201

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 Aug 15, 1947 to Aug 30, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
S. L. Chamberlain M.D.

23b. ADDRESS
New Franklin Mo.

23c. DATE SIGNED
9-4-52

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

24b. DATE
9-3-52

24c. NAME OF CEMETERY OR CREMATORY
Mt. Pleasant

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

DATE REC'D BY LOCAL REG.
9-4-52

REGISTRAR'S SIGNATURE
Mary A. Shell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
N. L. Hall, New Franklin Mo.

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

4520

7961 0 1 190

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 H. L. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address New Franklin, Va......

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.