

STANDARD CERTIFICATE OF DEATH

42686

State File No. ....

FILED DEC 22 1952

BIRTH NO. .... REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5598 Registrar's No. 167

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

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural; Columbus</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural; Columbus township.</b>	
c. LENGTH OF STAY (in this place) <b>92yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Centerview. Mo. R. F. D. 6</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>Adam</b>	
c. (Last) <b>Middleton.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1952.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed. 2</b>	8. DATE OF BIRTH <b>20, Feb. 1858.</b>
9. AGE (In years last birthday) <b>94</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>James Middleton.</b>	
13b. MOTHER'S MAIDEN NAME <b>Jane Parsons.</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Middleton.</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>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth Middleton.</b>		ADDRESS <b>Warrensburg, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	
20. AUTOPSY? 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)		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 <u>Dec 10, 1952</u> , to <u>Dec 10, 1952</u> , that I last saw the deceased alive on <u>Dec 10, 1952</u> and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>Warrensburg</b>	
23c. DATE SIGNED <b>Dec 10, 1952</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>12, Dec. 1952.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jacoby Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Warrensburg, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips.</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 12, 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>147-3</b>	
ADDRESS <b>Warrensburg, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips.</b>	

RECEIVED  
DEC 16 1952  
JOHNSON COUNTY HEALTH DEPT.

MAR 3 1 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed A. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.