

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13104

State File No. _____

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>6286</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence, or other institution.) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wood Township</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wood Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1148</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>I.</u> c. (Last) <u>MIDDLETON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1, 1884</u>		9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	if UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Marion Middleton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Barton</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Middleton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Mrs Anna Middleton Mtz Jct</u>			
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) <u>Coronary Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3-30-53</u>
		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 <u>4201</u>					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) m.		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>3-30</u> , 195 <u>2</u> , to <u>3-30</u> , 195 <u>3</u> , that I last saw the deceased alive on <u>3-30</u> , 195 <u>3</u> , and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Couner</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mountain Grove MO</u>		23c. DATE SIGNED <u>3-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pritchett</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Grove MO</u>		
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>A. G. Ames</u>		346-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grady-Woods Mtz Jct</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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WRIGHT CO. HEALTH DEPT.
County File Number 45-3-52
Date Filed 4-11-53

APR 24 1953

MAY 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Shable

Licensed Embalmer No. 4140

P. O. Address Wm. Gray, 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.