S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17800

FILED JUN 12 1953

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: GRUNDY 0400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SpicKARD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY 400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SpicKARD 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): DANIEL
c. (Last): MiDDAUGH

4. DATE OF DEATH (Month) (Day) (Year): MAY 29 1953

5. SEX: MALE
6. COLOR OR RACE: WHiTE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE-16-1911
9. AGE (In years last birthday): 41 — 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): COMMON LABOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: ROSELLA MiDDAUGH
14. NAME OF HUSBAND OR WIFE: BERTHA MiDDAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-12-2656
17. INFORMANT'S SIGNATURE OR NAME: BERTHA MiDDAUGH
ADDRESS: SpicKARD MO.

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): Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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: 442X
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): --- m.
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* May 1st, 1953, *to* May 29th 53, *that I last saw the deceased alive on* May 28th, 1953, *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oliver F. Duffy
(Degree or title): MD
23b. ADDRESS: Newton Mo
23c. DATE SIGNED: May 30th 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-31-53
24c. NAME OF CEMETERY OR CREMATORY: NORTH EVANS CEM.
24d. LOCATION (City, town, or county) (State): GRUNDY Co. MO.

DATE REC'D BY LOCAL REG.: 5-30-53
REGISTRAR'S SIGNATURE: Mrs Jennie Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: 114-C
ADDRESS: SCHOOLER FUNERAL HOME SpicKARD MO

(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.