

19067

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

2729

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>64 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 South Quincy</u>				e. STREET ADDRESS (If rural, give location) <u>514 South Quincy 3018</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELL</u>			b. (Middle) <u>—</u>			c. (Last) <u>MIDDLETON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-16-1954</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>			8. DATE OF BIRTH <u>FEB-7-1864</u>			9. AGE (In years last birthday) <u>90</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>JACOB C. MIDDLETON</u>			13b. MOTHER'S MAIDEN NAME <u>ALMIRA ALEXANDER</u>			
14. NAME OF HUSBAND OR WIFE <u>—</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-12-4007A</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>B.P. Middleton</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>			19. ADDRESS <u>420 South Denver</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			—			
			DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			
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) (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>6/5</u> - <u>1954</u> , to <u>6/14</u> , <u>1954</u> , that I last saw the deceased alive on <u>6/14</u> , <u>1954</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>R. A. Williams</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>5400 St John</u>			23c. DATE SIGNED <u>6/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>June 19, 1954</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem</u>			
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			DATE REC'D BY LOCAL REG. <u>6-17-54</u>			REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blechman &amp; Son Inc.</u>			ADDRESS <u>—</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *W.C. Quinn*.....

Licensed Embalmer No. *487*.....

P. O. Address *W.C. Quinn*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.