

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 22 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>OR Farmington Rural St. Francois</u>		c. CITY OR TOWN <u>Senath</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4Y; 4M; 1day</u>		e. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TRAVIS</u> b. (Middle) <u>MIDKIFF</u> c. (Last) <u>MIDKIFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 25, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED? <u>Divorced</u>	8. DATE OF BIRTH <u>October 13, 1914</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming and common labor.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Osro Midkiff</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Laura Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Stamp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hospital No. 4, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by poisoning - liquid poisons - marking ink (Phenol derivative) - - -abt. 24 hrs.</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 <u>Psychosis with syphilitic meningo-encephalitis (general paresis) - - - - -abt. 6 yrs.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Coroner's inquest held 2-25-55.)</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) (Min.)		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 Feb. 24, 1955, to Feb. 25, 1955, that I last saw the deceased alive on Feb. 25, 1955, and that death occurred at 10:30a., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Brennan, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>2-25-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barrett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckhorn, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Homan Funeral Home, Marquand, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Paul K. Dugal

Licensed Embalmer No. 4170

P. O. Address Farmington

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.