

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 651

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>53 y. 5 - 6 days</u> | c. CITY OR TOWN <u>St. Joseph</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u> | | e. STREET ADDRESS (If rural, give location) <u>not given</u> <u>01170</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> | | b. (Middle) _____ | c. (Last) <u>Midgley</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 - 55</u> | | 5. SEX <u>male</u> | |
| 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>not given abt. 79</u> | 9. AGE (In years last birthday) Months Days Hours Min. <u>not given abt. 79</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>not given</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>not given</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Midgley</u> | | ADDRESS <u>St. Joseph, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</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) | | 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>May 10, 1953</u> , to <u>June 26, 1955</u> , that I last saw the deceased alive on <u>June 25, 1955</u> , and that death occurred at <u>7:10 a. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u> | | 23b. ADDRESS <u>St. Joseph State Hosp No 2</u> | |
| 23c. DATE SIGNED <u>6/26-55</u> | | 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>buried</u> | |
| 24b. DATE <u>June 27, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>120 S. Main St. St. Joseph, Mo</u> | | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7/1, 1955</u> <u>Kathleen M. Allison</u> | |

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 *Eric J. Conway*.....
Licensed Embalmer No. *402.99*.....

P. O. Address *St. Jax*.....

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.