

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18051**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **3014** Registrar's No. **56**

1. PLACE OF DEATH  
a. COUNTY **Clay**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Clay**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Liberty** c. LENGTH OF STAY (in this place) **8 years**

c. CITY OR TOWN **Liberty** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **140 N. Lightburne** No. STREET ADDRESS (If rural, give location) **140 N. Lightburne**

3. NAME OF DECEASED a. (First) **Guy** b. (Middle) **Cyrus** c. (Last) **Middleton**

4. DATE OF DEATH (Month) (Day) (Year) **June 27, 1955**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Nov. 11, 1873**

9. AGE (In years less months) **81**

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) **retired secy**

10b. KIND OF BUSINESS OR INDUSTRY **Power & Light Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Bloomingsburg Ohio**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Cyrus Middleton**

13b. MOTHER'S MAIDEN NAME **Almaria Alexander**

14. NAME OF HUSBAND OR WIFE **Sue Farrah Middleton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY # **486-10-7978**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Sue F. Middleton Liberty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Generalized Atherosclerosis**  
ANTECEDENT CAUSES **and** DUE TO (b) **Neuraplegia, old**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 1/2 days**  
**8 1/2**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **332 X**

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) (Min.)

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 **Monday, 19 28, to June 27, 1955**, that I last saw the deceased alive on **June 26, 1955**, and that death occurred at **1:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Glenn W. Anderson MD**

23b. ADDRESS **Liberty, Mo**

23c. DATE SIGNED **6/28/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **6-29-55**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Washington Cem.**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **July 1, 1955**

REGISTRAR'S SIGNATURE **Mabel Graham 471**

25. FUNERAL DIRECTOR'S SIGNATURE **Tyler Parley Funeral Home**

ADDRESS **Liberty, Mo.**

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

EX-115

**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 *John Pasley*

Licensed Embalmer No. *430*

P. O. Address *Liberty*

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.