

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29788

State File No. _____

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4056

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Camden
d. Is Residence within limits of a city or incorporated town? Yes No
* STREET ADDRESS (If rural, give location) 1 mile West of Camden

3. NAME OF DECEASED
a. (First) MARVIN b. (Middle) DANIAL c. (Last) MIDDLETON

4. DATE OF DEATH September 16, 1955
(Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH April 25, 1897

9. AGE (In years last birthday) 58

10. UNDER 1 YEAR: Months 4 Days 21
11. UNDER 1 HRS. Hours 4 Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (City and State or Foreign Country) Camden, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Middleton

13b. MOTHER'S MAIDEN NAME Mary Sharp

14. NAME OF HUSBAND OR WIFE Helen Middleton

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

(If yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO. 491-20-1670

17. INFORMANT'S SIGNATURE OR NAME Lorena Baker ADDRESS Richmond, Missouri

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) Pulmonary insufficiency

ANTECEDENT CAUSES
DUE TO (b) Complete replacement of Right lung by bronchogenic carcinoma.
DUE TO (c) Metastasis, multiple.

II. OTHER SIGNIFICANT CONDITIONS
Arteriosclerotic heart disease with severe myocardial fibrosis

INTERVAL BETWEEN ONSET AND DEATH
5-6 months
5-6 months
5-6 months
years:

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 162X

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 7-27, 1955, to 9-16, 1955, that I last saw the deceased alive on 9-16, 1955 and that death occurred at 10:00pm., from the causes and on the date stated above.

23a. SIGNATURE Joaquin F. Lopez, MD (Degree or title)

23b. ADDRESS VA. Hosp.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept 17, 1955

24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery

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

DATE REC'D BY LOCAL REG. 9-17-55

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LILE FUNERAL HOME ADDRESS RICHMOND, MISSOURI. per Heald

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 *George H. [Signature]*.....
Licensed Embalmer No. 406

P. O. Address *[Signature]*

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.