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RN-10683

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39801

BIRTH NO. FILED JAN 11 1956 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 State File No. Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Hayti	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) 1 day		e. STREET ADDRESS (If rural, give location) 300 E. Grant	
d. FULL NAME OF HOSPITAL OR INSTITUTION V A Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) (nmi) c. (Last) Middleton			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1-13-13	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Alva, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Middleton	13b. MOTHER'S MAIDEN NAME Dolly McCain	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) WWII	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS
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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) Pneumonia, lobar, type undetermined, entire right lung. ANTECEDENT CAUSES DUE TO (b) Fatty degeneration of liver. Ulceration, stomach, cardiac end, with gross hemorrhage. DUE TO (c) Alcoholism, acute and chronic, delirium tremens. Conditions contributing to the death but not related to the disease or condition causing death. Delirium Tremens.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

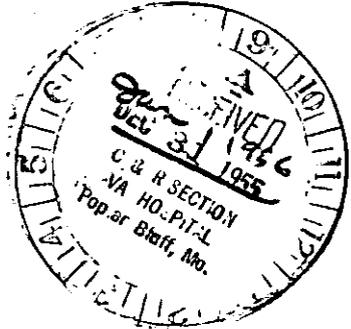
22. I hereby certify that I attended the deceased from **Dec. 27, 1955** to **Dec. 27, 1955**, ~~and that death occurred at 10:25 p.m., from the causes and on the date stated above.~~ and that death occurred at **10:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest M. Tapp, M.D., Manager	23b. ADDRESS VAH, Poplar Bluff, Mo.	23c. DATE SIGNED 12-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Normal	24b. DATE 12-27-55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Hayti Mo.
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DATE REC'D BY LOCAL REG. 1/4/56	REGISTRAR'S SIGNATURE Ph Muehle...	25. FUNERAL DIRECTOR'S SIGNATURE La Forge and Co. Cre... ADDRESS no.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



RECEIVED
JAN . 9 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Noel C. Dean*

Licensed Embalmer No. *394*

P. O. Address *Cassville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.