

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8238

State File No. _____
Registrar's No. 210

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Poplar Bluff</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>1012 Clyde St.</u>				e. STREET ADDRESS (If rural, give location) <u>1012 Clyde St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>Alice</u>		c. (Last) <u>Midkiff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 25, 1870</u>		9. AGE (In years last birthday) <u>85</u>	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) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bismarck Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John P. Maloy</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brawley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Perkins</u> ADDRESS <u>Poplar Bluff, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho-Pneumonia</u> DUE TO (c) <u>Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 days</u> <u>3 weeks</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>480X</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>2-1-</u> , 1956, to <u>3-17</u> , 1956, that I last saw the deceased alive on <u>3-15-</u> , 1956, and that death occurred at <u>2:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Burton, M.D.</u> (Degree or title)			23b. ADDRESS <u>Poplar Bluff, Mo</u>			23c. DATE SIGNED <u>3-19-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/21/56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>		

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

89-0

RECEIVED
MAR 26 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 *Grove Wheeler* _____

Licensed Embalmer No. *29* _____

P. O. Address *Coplar Blv* _____

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.