

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19753**  
Registrar's No. **343**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before at admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	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)		• STREET ADDRESS (If rural, give location) <b>1020 Clyde St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 1020 Clyde</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Zora</b>	b. (Middle) <b>Ella</b>	c. (Last) <b>Midkiff</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 21, 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Pilot Knob, Mo.</b>				

13a. FATHER'S NAME <b>Robert Franklin Midkiff</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth A. Meloy</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. s Ethel Perkins, Poplar Bluff, Mo.</b>	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		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>	DUE TO (b) <b>Anorexia</b>	
	DUE TO (c) <b>nervous shock</b>		<b>3 mo</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Invalid since birth</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan. 2, 1956**, to **June 11, 1956**, that I last saw the deceased alive on **June 5, 1956**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Burton, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>6-15-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-12-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/16/56</b>	REGISTRAR'S SIGNATURE <b>B. H. Meneheer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cotrell</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
JUN 18 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 *Robert W. Greer*

Licensed Embalmer No. *2969*

P. O. Address *Poplar Bluff*

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.