

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34131

State File No.

4338

FILED OCT 24 1956		BIRTH NO. 70305-56		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY Jackson					a. STATE Missouri						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					c. CITY OR TOWN Kansas City						
c. LENGTH OF STAY (in this place) 1 day					d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐						
d. FULL NAME OF HOSPITAL OR INSTITUTION Willows Hospital					STREET ADDRESS (If rural, give location) 2929 Main Street						
3. NAME OF DECEASED			a. (First) EMMY		b. (Middle) -		c. (Last) MIDDLETON		4. DATE OF DEATH (Month) (Day) (Year) October 4, 1956		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 4, 1956		9. AGE (in years last birthday) -		IF UNDER 1 YEAR Months Days -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Jeane D. Middleton				14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willows Hosp. Records, 2929 Main St., K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth									
		ANTECEDENT CAUSES									
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) -									
		DUE TO (c) -									
		II. OTHER SIGNIFICANT CONDITIONS									
		Conditions contributing to the death but not related to the disease or condition causing death.						7761			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 Oct 1956 to 4 Oct 1956, that I last saw the deceased alive on 4 Oct 1956, and that death occurred at 8:15 A.M.; from the causes and on the date stated above.											
23a. SIGNATURE D M Love (Degree or title)		23b. ADDRESS 733 Piny Bldg K.C. Mo.		23c. DATE SIGNED 5 Oct 56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
DATE REC'D BY LOCAL REG. 10-5-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, Kansas City, Missouri.							

(Licensed Embalmer's Statement on Reverse Side)

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

903-2106-13611-
V.I.R.-1028

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 Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address R. E. Mc

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.