

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1957

STATE FILE NO. **4685**
REGISTRAR'S NO. **763**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS 644 West 57th Terrace	
3. NAME OF DECEASED (Type or print) First ELLEN Middle MIDDLETON Last FALLOON		4. DATE OF DEATH February 17, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1871
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Bainbridge, Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James E. Middleton		14. MOTHER'S MAIDEN NAME Betty Hansford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. A. G. Sutherland		Address K. C., Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Rheumatoid arthritis			INTERVAL BETWEEN ONSET AND DEATH. 6 weeks 5 yrs + 10 yrs +
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1, 1952 to Feb. 17, 1957 and last saw her alive on 2-17-57 . Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Arnold V. Arms M.D.		22b. ADDRESS 4635 W. Yondotte Rd. Mo	
22c. DATE SIGNED 2/18/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 2/18/1957		23c. NAME OF CEMETERY OR CREMATORY DWN Crematory	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-18-57	
26. REGISTRAR'S SIGNATURE Nevo Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Arnold V. Arms M. D.

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ath, Welfare, Public Service
000-56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

8-6-53

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 *Gerald A. Burger*

Licensed Embalmer No. 476

P. O. Address *K. e. Mo.*

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.