

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15507

STATE FILE NUMBER

FILED APR 29 1957

Registration District No.

312

Primary Registration District No.

531

Registrar's No.

950

Health, & Welfare Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
securing the medical certification in the specific manner required by the laws of Missouri.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR University City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City 4/25/57		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1461 N. Hanley Road			Length of stay in lb years			d. STREET ADDRESS (If outside, give location) 1461 N. Hanley Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle WESLEY Last MIDDLETON						4. DATE OF DEATH Month April Day 10 Year 1957			
5. SEX Male		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 March 21, 1873		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farming		11. BIRTHPLACE (City and state or country) Barton County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John W. Middleton				14. MOTHER'S MAIDEN NAME Mary Montouth					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Lester Cox, 1461 N. Hanley Road				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE								INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ 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 2/25/57 to TIME OF DEATH 9/10/57 and last saw her alive on 2/25/57 Death occurred at 12:01 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William A. Frazier M.D.					22b. ADDRESS 3720 WASHINGTON			22c. DATE SIGNED 9/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 10, 1957		23c. NAME OF CEMETERY OR CREMATORY Oakton Cemetery			23d. LOCATION (City, town, or county) (State) Barton County, Missouri.		
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave				25. DATE RECD. BY LOCAL REG. 4-10-57		26. REGISTRAR'S SIGNATURE Herbert B. Dombek MD			

20/1/1954

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
OFFICE OF THE STATE EMBALMER
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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 *Elmer A. Pedwell*

Licensed Embalmer No. 407

P. O. Address *Ld Lor*

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.