

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36730**

FILED OCT 28 1957

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN VERSAILLES		c. CITY OR TOWN Eldon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Kidwell Nursing Home		e. STREET ADDRESS (If rural, give location) R.F.D. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Dudley b. (Middle) Clifford c. (Last) Middleton			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1957
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH SEPT. 30, 1971	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FAYETTE Co., OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Cyrus J. Middleton	13b. MOTHER'S MAIDEN NAME ELMIRA ALEXANDER	14. NAME OF HUSBAND OR WIFE NETTIE EVANS Middleton
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Estel Hutchins	ADDRESS Barnes, Mo.
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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 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	ANTECEDENT CAUSES Morbid 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. 177X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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)	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 June, 1956, to Oct 21, 1957, that I last saw the deceased alive on Oct 20, 1957, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jack Gumm (Degree or title)	23b. ADDRESS Versailles, Mo	23c. DATE SIGNED 10.22.57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct. 23, 1957	24c. NAME OF CEMETERY OR CREMATORY Eldon	24d. LOCATION (City, town, or county) (State) Eldon, MO.
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DATE REC'D BY LOCAL REG. 10-26-57	REGISTRAR'S SIGNATURE J. L. Wash	25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Kelly	ADDRESS Eldon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Louis D. Shellino*

Licensed Embalmer No. *36693*

P. O. Address *Calhoun*

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.