

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47161
STATE FILE NUMBER

FILED JAN 16 1958

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 97

V. S. 300
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fisk (Ash Hill Township) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fisk Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte. 1 Length of stay in lb 4 yrs.		d. STREET ADDRESS (If outside, give location) Rte. 1 Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ERNEST Middle MIDDLETON Last		4. DATE OF DEATH Month Nov. Day 12, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Slain County, Illinois
13a. FATHER'S NAME Earnce Middleton		13b. MOTHER'S MAIDEN NAME Eupha Hancock	14. NAME OF HUSBAND OR WIFE Ada Middleton
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 Address 629 N.6th St. Willard Middleton, E. St. Louis, Ill.
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 1 1/2 years
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Arteriosclerotic cardio-vascular-renal disease			1 1/2 years
DUE TO (c) Generalized arteriosclerosis			unknown
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"/>
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 <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 interviewed members of family & talked to embalmer & last to physician that saw him. I identified the deceased from _____ and last saw him alive on _____ Death occurred at 3:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or Public Health Officer) <i>Edward V. Blaine, Jr.</i>		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 12/10/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery	23d. LOCATION (City, town, or county) (State) Clarkton, Missouri Rte. 1
24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo		25. DATE RECD. BY LOCAL REG. 1/10/58	26. REGISTRAR'S SIGNATURE <i>R. M. Metree</i>

RECEIVED

JAN 13 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 16 1958

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 *Christina M. Landee*

Licensed Embalmer No. 4227

P. O. Address *Campbell, W.*

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.