

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014835

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay-Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Napoleon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Napoleon R.F.D.		Length of stay in 1b 5yrs	d. STREET ADDRESS (If outside, give location) 6 Mi South		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Marion Middleton			4. DATE OF DEATH Month Day Year April 28 1958			
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 18 1884	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Bates City Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas J Middleton			14. MOTHER'S MAIDEN NAME Hanna Stephens			
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 Dale Middleton Napoleon 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) Myocarditis, chronic					INTERVAL BETWEEN ONSET AND DEATH 2yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) —					4222	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Abscess pulmonary, right, chronic draining					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 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 1956 to 4-28-58 and last saw ^{her} him alive on 4-27-58. Death occurred at 530p m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. W. Davidson M.D.			22b. ADDRESS Oak Grove, Mo		22c. DATE SIGNED 4-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-30-1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		23d. LOCATION (City, town, or county) (State) Oak Grove Mo		
24. FUNERAL DIRECTOR Webb Funeral Home Oak Grove Mo		ADDRESS —	25. DATE RECD. BY LOCAL REG. 5-3-1958	26. REGISTRAR'S SIGNATURE Emma Davidson		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0549
300
1-56
All diseases in Part I must be causally 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.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William F. ...*

Licensed Embalmer No. *470*

P. O. Address *Blue Springs*

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.