

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002429  
STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 8

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With, Welfare Public Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CLARKSVILLE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMPHIS CO HOSPITAL</b>		Length of stay in lb <b>15 DAYS</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>AMELIA ERNESTINE MIDDLETON</b>			4. DATE OF DEATH Month Day Year <b>JAN 9 59.</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 3 1869</b>
9. AGE (In years (at birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>89</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>NEAR WRIGHT CITY MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN F SCHAEFER</b>	
13b. MOTHER'S MAIDEN NAME <b>HANNAH EVERSMEYER</b>		14. NAME OF HUSBAND OR WIFE <b>LEEM MIDDLETON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MARY MIDDLETON</b>		Address <b>CLARKSVILLE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute pyelonephritis + coma</b> DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>generalized atherosclerotic degeneration 260X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>no</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>CLARKSVILLE</b>		COUNTY STATE <b>MISSOURI MISSOURI</b>	
21. I attended the deceased from <b>12/25/58</b> to <b>1/9/59</b> and last saw her alive on <b>1/8/59</b> Death occurred at <b>10-30</b> A.M. of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John W Middleton MD</b>		22b. ADDRESS <b>Louisiana</b>	
22c. DATE SIGNED <b>1/10/59</b>		23a. BURIAL, CREMATION, REPOSS. (Specify) <b>BURIAL</b>	
23b. DATE <b>JAN 11 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEM.</b>	
23d. LOCATION (City, town, or county) <b>CLARKSVILLE MO</b>		(State)	
24. FUNERAL DIRECTOR <b>CARROLL COLLIER</b>		ADDRESS <b>CLARKSVILLE, MO</b>	
25. DATE RECD. BY LOCAL REG. <b>JAN 13-59</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

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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 .....

Licensed Embalmer No.....

P. O. Address .....

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.