

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017860

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2440

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR IN CAR-39th. & MAIN INSTITUTION		d. STREET ADDRESS 3719 WYOMING	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS HENRY MIDDLETON		4. DATE OF DEATH Month Day Year MAY 14, 1959	
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 JUNE 26, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST- PARTNER		10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE	11. BIRTHPLACE (City and state or country) ARDMORE, SOUTH DAKOTA
13a. FATHER'S NAME DAVID MIDDLETON		13b. MOTHER'S MAIDEN NAME RUTH I. RICHARDSON	14. NAME OF HUSBAND OR WIFE MAXINE E. 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. 443 22 5524	17. INFORMANT Address 3719 WYOMING MRS. MAXINE E. MIDDLETON-KANSAS CITY, 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) <u>Coronary occlusion sudden</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterio sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>40</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>unknown</u> 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.) <u>40</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>40</u>		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.) <u>40</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1958</u> to <u>May 14, 1959</u> and last saw <sup>her</sup> <del>him</del> alive on <u>May 14, 1959</u> Death occurred at <u>3:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. B. Casebolt M.D.</u>		22b. ADDRESS <u>4000 Baltimore</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>		22d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>May 16, 1959</u>	
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS-KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-16-59</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. B. Casebolt

MEDICAL CERTIFICATION

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 *Harold B. Eckert*  
Licensed Embalmer No. *3033*  
P. O. Address *St. C. 97*

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.