

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005562

FILED VS FEB 10 1960

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 13

ENDED

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LIBERTY</u>	Length of stay in 1b <u>1 MONTH</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ODD FELLOWS HOSPITAL</u>		d. STREET ADDRESS <u>5225 EAST 6TH STREET</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>REMAN</u> Middle <u>PARKER</u> Last <u>MIDDLETON</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>2</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-21-1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done or kind of work if retired) <u>ELEVATOR OPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RISS BLDG.</u>	11. BIRTHPLACE (City and state or country) <u>BLOOMINGBURG, OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB C. MIDDLETON</u>		13b. MOTHER'S MAIDEN NAME <u>ALMIRA ALEXANDER</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUSTA MARIE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-24-5498 A</u>	17. INFORMANT <u>MRS. CATHERINE BROCKMAN K.C.Mo.</u>	Address <u>5225 E. 6TH</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Coronary thrombus</u>	DUE TO (b) <u>arteriosclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month, Day, Year	
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. 3-1960 to 2-1- and last saw her/him alive on 2/1/1960
Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm J Goadson M.D.</u> (Degree or title)	22b. ADDRESS <u>Liberty Mo</u>	22c. DATE SIGNED <u>2/8/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>C. H. BLACKMAN & SON I.C.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Feb. 10, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C. Dunder</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.C. Quinn

Licensed Embalmer No. 4879

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to do 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.