

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021290

FILED VS JUN 8 1960

318

Primary Registration District No. 1003

Registrar's No. 5210

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>ST LOUIS</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Length of stay in 1b <i>2 WKS 5 DAYS</i>	c. CITY OR TOWN <i>LEMAY</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ALEXIAN BROS Hosp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1929 GLORIA DR</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>BENJAMIN W. MIDKIFF</i>			4. DATE OF DEATH Month Day Year <i>MAY - 15 - 1960</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN-17-1896</i>	9. AGE (last birthday) <i>64</i> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <i>3 29</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER - MAINTANCE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>KENRICK SUMMARY</i>		11. BIRTHPLACE (City and state & country) <i>MISSOURI</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>FRANKLIN MIDKIFF</i>		13b. MOTHER'S MAIDEN NAME <i>ELIZABETH MALLOY</i>	
14. NAME OF HUSBAND OR WIFE <i>NORA MIDKIFF</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-14-6978</i>	
17. INFORMANT <i>MR WILLARD MIDKIFF</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) <i>A.S.H. Disease</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i> <i>3 yrs</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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		20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>April 25</i> to <i>death</i> and last saw her/him alive on <i>14 May</i> Death occurred at <i>7 am 15 May</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John Steellett</i>		22b. ADDRESS <i>2623 Telegraph</i>		22c. DATE SIGNED <i>MAY 1 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (specify) <i>REMOVAL</i>		23b. DATE <i>MAY-18-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST JOHNS CEM.</i>	
23d. LOCATION (City, town, county) <i>MEHLVILLE MO</i>		24. FUNERAL DIRECTOR <i>Fey Funeral Home, MEHLVILLE, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 17 1960</i>	
26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>		BY AFFIDAVIT OF		MEDICAL CERTIFICATION	

mjc

AUG 24 1960

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 Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Vicksburg

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.