

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33671**

FILED OCT 18 1949

BIRTH NO. _____ REG. DIST. NO. **637** PRIMARY REG. DIST. NO. **3023** Registrar's No. **224**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo	
c. LENGTH OF STAY (to this place) HOME		d. STREET ADDRESS (If rural, give location) 106 N 3rd st	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CATHERINE c. (Last) MIDDELCOFF			4. DATE OF DEATH (Month) (Day) (Year) Oct 7 1949		
5. SEX Female		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Mar 5 1864		9. AGE (In years last birthday) 85 Months 7 Days 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WEST VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John G. Middelcoff		13b. MOTHER'S MAIDEN NAME Sally A. Watkins	
14. NAME OF HUSBAND OR WIFE no		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bence Clinton					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA EAR & METASTASIS				INTERVAL BETWEEN ONSET AND DEATH 10 YR.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.				1991	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **7 Oct, 1949 to 7 Oct, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD Coroner		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 8 Oct. 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/9/49		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem	
24d. LOCATION (City, town, or county) (State) Clinton Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Cornelius Clinton Mo			
DATE REC'D BY LOCAL REG. Oct 9 1949		REGISTRAR'S SIGNATURE Florence Adams			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 9-49-1229
Date Filed 10-17-49

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 _____
Student Embalmer

Signed

J E Corraler

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo

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 this body is not embalmed, fact should be so stated above.