

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-036694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registered Date No. 137 Primary Registration District No. _____ Registrar's No. 233

FILED OCT 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN LaDue, Davis Township		Length of stay in lb 42 Yrs.		c. CITY OR TOWN LaDue,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. West of LaDue, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) S. West of LaDue, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ARTHUR Middle SYLVESTER Last MIDDAUGH				4. DATE OF DEATH Month Oct. Day 8, Year 1961					
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 Mar. 6, 1888	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 7 Days 2	IF UNDER 24 HR Hours _____ Min. _____		
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Urich, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Samuel J. Middaugh			13b. MOTHER'S MAIDEN NAME Sarrah I. Payton			14. NAME OF HUSBAND OR WIFE Ethel Middaugh			
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. 489-42-7050		17. INFORMANT Address Mrs. Ethel Middaugh, LaDue, 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) Auricular fibrillation							INTERVAL BETWEEN ONSET AND DEATH 10 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial failure							20 days		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						PART III. If deceased was female was there a pregnancy last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		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 Oct 1957 to 10/8/61 and last saw him alive on 10/6/61				Death occurred at 5 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. R. Hughes, M.D. (Degree or title)				22b. ADDRESS Clinton, Mo.			22c. DATE SIGNED 10/10/61 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 11, 1961	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		23d. LOCATION (City, town, or county) Clinton, Missouri				
24. FUNERAL DIRECTOR W. A. Vansant, Clinton, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. Oct. 10, 1961		26. REGISTRAR'S SIGNATURE Wildred Bigum				

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 N. A. Vansant

Licensed Embalmer No. 3779

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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