

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042372

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 284 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>   |                               | Length of stay in lb <u>4 days</u>  | c. CITY OR TOWN <u>Blairstown</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>General Hospital</u>  |                               | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Eligah</u> Last <u>Middaugh</u>   |                               |   | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</u> Year <u>1962</u>   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>7/14/1893</u> 9. AGE (last birthday) <u>69</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>  | 11. BIRTHPLACE (City and state or country) <u>Urish, Missouri</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>           |
| 13a. FATHER'S NAME <u>Enock Middaugh</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Viola Ellis</u>  | 14. NAME OF HUSBAND OR WIFE <u>Belle Malone Middaugh</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>491-42-8478</u>  | 17. INFORMANT Address <u>Mrs. Wm Middaugh, Blairstown, Missouri</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Hepatic Failure</u><br>DUE TO (b) <u>Metastatic carcinoma of liver 1 mo.</u><br>DUE TO (c) <u>Primary carcinoma of left lung 3 mo.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> |                               |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 20. 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. Month, Day, Year <u>        </u>  |                               | 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.) <u>        </u> 20f. CITY, TOWN, OR LOCATION COUNTY STATE |   |
| 21. I attended the deceased from <u>11-19-62</u> to <u>11-22-62</u> and last saw her/him alive on <u>11-21-62</u><br>Death occurred at <u>6 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |                               |   |   |
| 22a. SIGNATURE (Degree or title) <u>S.B. Hughes, M.D.</u>  |                               | 22b. ADDRESS <u>Clinton, Missouri</u>   | 22c. DATE SIGNED <u>11/24/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>11/24/62</u>     | 23c. NAME OF CEMETERY OR CREMATORY <u>Norris Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Near Urish, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u>  |                               | 25. DATE RECD. BY LOCAL REG. <u>Nov. 24-1962</u>  | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>  |

**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 J. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowe, 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.

Permit Granted W-24-62 Mr. B. J. R.