S. No. 2
M—5-43
. 5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14679

Registration District No. 296 | Primary Registration District No. 4444 | Registrar's No. 15

**1. PLACE OF DEATH:**
(a) County: Ray
(b) City or town: Camden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No street listed / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 69 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Ray
(c) City or town: Camden (If outside city or town limits, write "RURAL")
(d) Street No.: Not listed (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mary Elizabeth Middleton
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: George Middleton
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: January 31, 1878 (Month) (Day) (Year)
8. AGE: Years 69 | Months 2 | Days 13 | If less than one day ____ hr. ____ min.
9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
FATHER 12. Name: Milford C. Sharp
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lacretia Christie
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Marvin Middleton
(b) Address: Camden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Craven Cem.-Camden
18. (a) Signature of funeral director: Quest-Lile F.H.
(b) Address: Richmond, Missouri
19. (a) 4/19/47 (Date received by local registrar) (b) Helen J. Larkey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: April day: 14 year: 1947 hour: 4:30 P.M. minute: ____ M.
21. I hereby certify that I attended the deceased from 21 Dec 1946 to 14 April 1947 that I last saw her alive on 14 April 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Cardiac Dilatation | 5 hours |
| Due to: Hypertensive Heart Disease | 2 years |
| Due to: Arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 0 | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0
23. Signature: J. L. Cockrell M.D. (M. D. or other)
Address: Richmond, Mo. Date signed: 19 Apr. '47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 8,

District File Number.....

Date Filed 5-6-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis Trust

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.**