

FILED SEP 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30582

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6248 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON 1100</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-RICH WOODS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-RICH WOODS 1100</u>	
c. LENGTH OF STAY (in this place) <u>25YR</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>MIDDLETON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9 2 52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>MAY 1 1876</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARVITE MINE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN MIDDLETON</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
14. NAME OF HUSBAND OR WIFE _____		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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>RAY MIDDLETON</u>		ADDRESS <u>ST. LOUIS MO</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastro enteritis</u>		ANTECEDENT CAUSES			DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5711</u>		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 8-30, 1952, to 9-2, 1952, that I last saw the deceased alive on 8-30, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph L. Plummer, M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>9-3-52.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HORINE</u>
24d. LOCATION (City, town, or county) (State) <u>RICH WOODS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey &amp; Bond</u>

DATE REC'D BY LOCAL REG. <u>9/6/52</u>	REGISTRAR'S SIGNATURE <u>Hubert Gudal</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey &amp; Bond</u>	ADDRESS <u>St. Clair Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 9 1952

WASH COUNTY HEALTH DEPT.

File No. ~~XXXXXXXXXX~~

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 \_\_\_\_\_

NOT EMBALMED

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*H. M. Leno*

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.