

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38441

State File No.

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 39

3422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | |
| c. LENGTH OF STAY (in this place) <u>15 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>538 S. Carter St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>538 S. Carter St.</u> | | d. STREET ADDRESS (If rural, give location) <u>538 S. Carter St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>MIDDAGH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 9, 1952</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | 8. DATE OF BIRTH <u>APRIL 15, 1864</u> |
| 9. AGE (In years last birthday) <u>88</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u> | IF UNDER 2 HRS. Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>JOHN PAUTON</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>CRISTENE WALLACE</u> | | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>May Buckley</u> | | ADDRESS <u>Clinton Mo.</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic vascular nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic arthritis of the spine</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>About 1 year</u> <u>About 8 years</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 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) <u>No</u> | |
| 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 <u>Aug 4, 1945</u> , to <u>Nov 9, 1952</u> , that I last saw the deceased alive on <u>Oct 25, 1952</u> , and that death occurred at <u>3:40</u> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>S. B. Hughes M.D.</u> | | 23b. ADDRESS <u>Clinton, Mo.</u> | |
| 23c. DATE SIGNED <u>11/10/52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>Nov 11, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Victory Grove</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>N.D. Tansant</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov-11-52</u> | | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | |
| ADDRESS _____ | | ADDRESS <u>Clinton, Mo.</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
Student Embalmer

Signed H. A. Tansant

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