

FILED AUG 8 - 1956

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 22

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vandalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Vandalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>114 West Walsh</b>				Length of stay in 1b		d. STREET ADDRESS <b>114 West Walsh</b> (If outside, give location)		
3. NAME OF DECEASED (Type or print) <b>Arch</b> <sup>First</sup> <b>Jackson</b> <sup>Middle</sup> <b>Middleton</b> <sup>Last</sup>				4. DATE OF DEATH <b>July 31, 1956</b> (Month Day Year)				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 4, 1868</b>		
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Stock &amp; Grain</b>		11. BIRTHPLACE (City and state or country) <b>Audrain County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>Boone Middleton</b>				14. MOTHER'S MAIDEN NAME <b>Katherine Herlinger</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Don Middleton, Mexico, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hodgkins disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							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 Month, Day, Year a. m. p. m.								
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 <b>Aug 10 54</b> to <b>July 31 56</b> and last saw <sup>him</sup> <b>him</b> alive on <b>July 31, 56</b> Death occurred at <b>9:00 PM</b> m on the date stated above and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Ernest R. Kinne MD</b>				22b. ADDRESS <b>Vandalia Mo.</b>		22c. DATE SIGNED <b>8/1/56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>Aug 2, 1956</b>		<b>Mt Olivet Cemetery</b>		<b>Audrain County, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>William B Waters Vandalia, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Aug 2 1956</b>		26. REGISTRAR'S SIGNATURE <b>Walter Fugue</b>			

JUL 5 1957

OCT 25 1956

SEP 24 1956

SEP 28 1956

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 *William D. Groat*.....

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.