

Health,
Welfare
Public
Service

300
1-56

1. All deaths must be reported to the health department. 2. No symptoms will be listed. 3. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

57 0 2 3 3 3 4
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hickory-Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wright City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Frank Middle William Last Middlekamp			4. DATE OF DEATH Month June Day 4 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8 1885	9. AGE (In years) (Type or print) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Warren Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Herman Middlekamp			14. MOTHER'S MAIDEN NAME Elizabeth Soeker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Ella Middlekamp, Wright City MO		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis & Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		unk
	DUE TO (c) Uremia		4 hr.
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.) 334X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT <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 Wright City	COUNTY Warren	STATE Mo
21. I attended the deceased from 5-11-57 to 5-4-57 and last saw him/her alive on 6-3-57 . Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Harold H. H. H. H.</i>		22b. ADDRESS Wright City	22c. DATE SIGNED 6-7-57	

23a. BURIAL, CREMATION, BURNING (S, T, C, F) Burial	23b. DATE 6/6/57	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City Missouri
24. FUNERAL DIRECTOR Nieburg Furn & Und CO		ADDRESS Wright City	25. DATE RECD. BY LOCAL REG. June 11, 1957
26. REGISTRAR'S SIGNATURE <i>Lloyd Logan</i>			

(Licensed Embalmer's Statement on Reverse Side)

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, *pt*/by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Julius F. Nieburg*

Licensed Embalmer No. *33*

P. O. Address *Wright*

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.