FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30729
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1401 Pollock Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Donlia Middle A. Last Middleton

4. DATE OF DEATH Month Sept. Day 30, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb.20, 1909
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (City and state or country) Vandalia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A.T. Middleton
13b. MOTHER'S MAIDEN NAME Grace Rizner
14. NAME OF HUSBAND OR WIFE Opal Middleton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-24-4406
17. INFORMANT Address Mrs. Opal Middleton, Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) — Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 14 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) — Coronary sclerosis — ?
DUE TO (c) Essential Hypertension — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 1955 to Sept 30 1957 and last saw him alive on Sept 30 - 57
Death occurred at 9 00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D. Lansford M.D.
22b. ADDRESS Mexico Mo.
22c. DATE SIGNED 10-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct.2,1957
23c. NAME OF CEMETERY OR CREMATORY Eastlawn
23d. LOCATION (City, town, or county) (State) Mexico, Mo.

24. FUNERAL DIRECTOR Precht-Hueston ADDRESS Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Oct 2 1957
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ralph L. Thurston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

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