Health, Welfare Public Service

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 casually related. 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 54058-58

58-028105
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 175

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN 8 Mi. S.E. Vandalia Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R7D #1 (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Judith Middle Mae Last Middleton
4. DATE OF DEATH Month Aug Day 12 Year 1958
5. SEX F
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-12-58
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) — 0
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Middleton
14. MOTHER'S MAIDEN NAME Joann Galloway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Robert Middleton, Address Vandalia 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) Spina bifida — INTERVAL BETWEEN ONSET AND DEATH Unk
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) 751X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2
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 8-12-58, to 8-12-58 and last saw her/him alive on 8-12-58
Death occurred at 7 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE C L Garcia MD (Degree or title)
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 8-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 8-13-58
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary
23d. LOCATION (City, town, or county) Vandalia, (State) Missouri
24. FUNERAL DIRECTOR William B. Walton ADDRESS Vandalia Mo
25. DATE RECD. BY LOCAL REG. Aug 13 1958
26. REGISTRAR'S SIGNATURE Blanche Neely

(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 em not

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Water

Licensed Embalmer No. 41

P. O. Address Vandal

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.