

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014017
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 37

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|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Lincoln | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Silex | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Troy Nursing Home | | Length of stay in 1b 4 yrs. | d. STREET ADDRESS (If outside, give location) none | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Minnie Belle Middleswartz | | | 4. DATE OF DEATH Month Day Year Feb. 1, 1959 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 10, 1873 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) Corso, Missouri | | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME J.W. Park | | 13b. MOTHER'S MAIDEN NAME Sarah Abbott | | 14. NAME OF HUSBAND OR WIFE W.D. Middleswartz | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Howard Middleswartz Silex, 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) Myocardial exhaustion DUE TO (b) Infirmities of age DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222 | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| 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 <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 Apr 3 1957 to Feb. 1 1959 and last saw her ^{him} alive on Jan 21-59 Death occurred at pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) H. F. Kelley D.O. 2 | | | 22b. ADDRESS Troy Mo | | 22c. DATE SIGNED Apr. 10-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2-3-59 | 23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery | | 23d. LOCATION (City, town, or county) (State) Corso, Missouri |
| 24. FUNERAL DIRECTOR J. O. Mudd | | ADDRESS Bowling Green, Mo. | 25. DATE RECD. BY LOCAL REG. April-13-59 | | 26. REGISTRAR'S SIGNATURE Charlotte Leek |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James C. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Burlington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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