

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 59-020246  
 State File No.

FILED MAY 22 1959

REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Mountain in Grove		c. CITY OR TOWN Mountain Grove	
c. LENGTH OF STAY (in this place) 15 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Oakland Avenue		e. STREET ADDRESS (If rural, give location) 208 Oakland Avenue	

3. NAME OF DECEASED (Type or Print) Hurley			a. (First) Middleton			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1959			
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6, 1890			9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Trucking (retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Marion Francis Middleton			13b. MOTHER'S MAIDEN NAME Sarah Sartin			14. NAME OF HUSBAND OR WIFE Florilla Wivrick Middleton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs Florilla Middleton			ADDRESS Mtn. Grove, Missouri		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from June 1 - 1958, to May 4 - 1959, that I last saw the deceased alive on May 4 - 1959, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Bruce L. Sherman</i>		(Degree or title) <i>n/a</i>		23b. ADDRESS <i>Mtn. Grove Mo.</i>		23c. DATE SIGNED <i>5-6-59</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7, 1959		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri	

DATE REC'D BY LOCAL REG. 5-11-1959		REGISTRAR'S SIGNATURE <i>Bruce L. Sherman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barber Funeral Home - Mtn. Grove, Mo.</i>			
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(Licensed Embalmer's Statement on Reverse Side)

 1141  
 Item 23c + Date Rec'd by Local Registrar  
 Corrected by affidavit of Registrar's Register 8-11-59 JSL  
 WRITE PLAINLY - USE G UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECORDED 6-24-57  
WEIGHT CO. HEALTH DEPT.  
County File Number 537-48

**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 *George Staffe* .....  
Licensed Embalmer No. *3161*  
P. O. Address *Mt Laurel, T.*

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.