THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022000

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 164 Primary Registration District No. 5598 5597 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Columbus Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Warrensburg — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD 1A Warrensburg — Length of stay in lb 44 Years	d. STREET ADDRESS (If outside, give location) RFD # 1A — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Kenneth Middle Last Middleton		4. DATE OF DEATH Month Day Year June 17, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct. 14, 1886
9. AGE (In years last birthday) 72	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Johnson Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Middleton	13b. MOTHER'S MAIDEN NAME Clara Chambers	14. NAME OF ~~HUSBAND~~ OR WIFE Margaret 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. 497-42-5138	17. INFORMANT Mrs. Margaret Middleton Address RFD # 1A Warrensburg, M	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	~~Pulmonary~~ Bronchial Pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bronchiectasis	10 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 6-15-59, to 6-17-59 and last saw her/him alive on 6-17-59

Death occurred at 8:15P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. H. Damon M.D.	22b. ADDRESS Warrensburg Mo.	22c. DATE SIGNED 6-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-19-1959	23c. NAME OF CEMETERY OR CREMATORY Jacoby Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Johnson County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Funeral Home Warrensburg, Missouri	25. DATE RECD. BY LOCAL REG. June 18, 1959	26. REGISTRAR'S SIGNATURE Savannah Crutchfield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 24 1959

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 .....Marvin D. Bailey.....

Licensed Embalmer No..4.8.8.7.....

P. O. Address.Warrensburg...Mo

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.