

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 311

DO NOT WRITE ON THIS STUB

9. 0  
10a. 66  
10b. 02  
11. 0  
12. 0  
13. 5770  
14. 4  
15. 4  
16. 2  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/70

4. 0425

5. 02

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

**PARENTS**

**CAUSE**

DECEASED—NAME 1. <b>James Richard Middaugh</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Nov. 25, 1969</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>66</b>	UNDER 1 YEAR 5b. <b>6</b> MONTHS 5c. <b>0</b> DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>May 25, 1903</b>	COUNTY OF DEATH 7a. <b>Henry</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Clinton</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>Wetzel Osteopathic Hosp.</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>	CITIZEN OF WHAT COUNTRY 9. <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Single</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. <b>490 60 0966</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>No Occupation-Incompetent</b>	KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Henry</b>	CITY, TOWN, OR LOCATION 14c. <b>Clinton</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>No</b>	STREET AND NUMBER 14e. <b>Rt. 4</b>
FATHER—NAME 15. <b>Enoch Middaugh</b>		MOTHER—MAIDEN NAME 16. <b>Viola Ellis</b>		
INFORMANT—NAME 17a. <b>Emma Williams</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>404 N. St. Clinton, Mo. 64735</b>		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE  
(a) **Profound shock**  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) **Extensive tissue necrosis**  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) **Acute pancreatitis**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

**Paralytic ileus, hypoglycemia**

19a. **No** 19b. **No**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  
20a.

DATE OF INJURY (MONTH, DAY, YEAR)  
20b.

HOUR  
20c.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)  
20d.

INJURY AT WORK (SPECIFY YES OR NO)  
20e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)  
20f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)  
20g.

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS  
20h.  YES  NO  UNK

CERTIFICATION—PHYSICIAN:  
1 I ATTENDED THE DECEASED FROM  
21a. **5-6-69** TO  
21b. **11-25-69**

AND LAST SAW HIM/HER ALIVE ON  
21c. **11-24-69**

I DID/DID NOT VIEW THE BODY AFTER DEATH.  
21d. **Did**

DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
21e. **11-25-69**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.  
22.

HOUR OF DEATH  
22a.

THE DECEASED WAS PRONOUNCED DEAD  
22b.

MONTH DAY YEAR HOUR  
22c.

CERTIFIER—NAME (TYPE OR PRINT)  
23a. **R.E. HARBAUGH**

SIGNATURE  
23b. **R.E. Harbaugh, J.D.**

DEGREE OR TITLE  
23c. **J.D.**

DATE SIGNED (MONTH, DAY, YEAR)  
23d. **11-27-69**

MAILING ADDRESS—CERTIFIER  
23e. **101 E. OHIO STREET**

STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP  
23f. **CLINTON MO. 64735**

BURIAL, CREMATION, REMOVAL (SPECIFY)  
24a. **Burial**

CEMETERY OR CREMATORY—NAME  
24b. **Hopewell Cemetery**

LOCATION CITY OR TOWN STATE  
24c. **Montrose, Mo. Rural**

DATE (MONTH, DAY, YEAR)  
24d. **Nov. 28, 1969**

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
24e. **Vansant Funeral Home, 314 W. Jefferson St., Clinton, Mo. 64735**

FUNERAL DIRECTOR—SIGNATURE  
25a. **V.D. Vansant**

REGISTRAR—SIGNATURE  
25b. **Mildred Bigum**

DATE RECEIVED BY LOCAL REGISTRAR  
25c. **Nov. 28 1969**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 3 - 1969

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 H. J. Varsaut

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

Permit Obtained

11-28-69

MB