

All items are to be complete and accurate.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dist No. 060 Serial No. 381 '57 004275

1. NAME OF DECEASED (Type or print) <u>Ezra Millington Midkiff</u>			2. DATE OF DEATH (Month) (Day) (Year) <u>3 20 1957</u>		
3. PLACE OF DEATH a. COUNTY <u>Cabell</u> b. CITY OR TOWN <u>Huntington</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>W. Va.</u> b. COUNTY <u>Cabell</u> c. CITY OR TOWN <u>Huntington</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>St. Marys Hosp. /</u>			d. STREET ADDRESS <u>2542 Third Avenue</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Sheriff</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Salt Rock, W. Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Roland Midkiff</u>			14. MOTHER'S MAIDEN NAME <u>Agnes Johnson</u>		
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. <u>232-52-6430</u>	17. INFORMANT Address <u>Ezra Midkiff (son) Huntington</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					
4/11X IMMEDIATE CAUSE (a) <u>Calcific Aortic Stenosis</u>					<u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Rheumatic Aortic Valvulitis</u>					<u>years</u>
DUE TO (c) <u>Rheumatic Heart Disease</u>					<u>years</u>
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year, Hour M.					
20d. INJURY OCCURRED WHILE AT WORK <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 OR TOWN COUNTY STATE	
21. I attended the deceased from <u>1953</u> , to <u>3/20/57</u> and last saw the deceased alive on <u>3/20/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Roland H. Burns, MD</u> (Degree or title)		22b. ADDRESS <u>Huntington, W. Va.</u>		22c. DATE SIGNED <u>4/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/22/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodmere Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Huntington, W. Va.</u>					
24. DATE REC'D. BY LOCAL REG. <u>APR 17 1957</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>[Signature] Huntington</u>	