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FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4384

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Bunceton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bunceton</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street numbers</b>		d. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Abner</b>	b. (Middle)	c. (Last) <b>Newman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2/29/49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/2/1861</b>	9. AGE (In years) (Month) (Day) (Year) <b>88</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Public</b>	11. BIRTHPLACE (State or foreign country) <b>Bunceton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>Alfred Newman</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Green</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Newman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Newman (wife) Bunceton, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>NO</b>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/7, 1949, to 2/17, 1949, that I last saw the deceased alive on 2-17, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. F. Potts M.D.</b>	23b. ADDRESS <b>Tipton Mo</b>	23c. DATE SIGNED <b>2/21/49</b>
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24a. BURIAL (CREMATION REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>2/23/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bunceton Colored Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Bunceton, Mo.</b>
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DATE RECD BY LOCAL REG. <b>Feb 23, 1949</b>	REGISTRAR'S SIGNATURE <b>Hellie Mullett</b>	73	FUNERAL DIRECTOR'S SIGNATURE <b>James S. Richards</b>	ADDRESS <b>Tipton, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2866  
P. O. Address Tipton, Missouri

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