

STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1949

State File No. _____ Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4097

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1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN <u>Stanberry Cooper town</u>		c. CITY OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>East 2nd street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>/</u> c. (Last) <u>Newby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-23 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-11-1876</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming-Stock Raising</u>			

13a. FATHER'S NAME <u>Jacob Henry Newby</u>		13b. MOTHER'S MAIDEN NAME <u>Clementine Trisley</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Newby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Althea Carroll, Stanberry Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u>		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Acute Hepatitis</u>		DUE TO (c) <u>5037</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Insufficiency</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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 Dec 11, 1949, to Feb 23, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Musselman M.D.</u>		23b. ADDRESS <u>Stanberry Mo</u>		23c. DATE SIGNED <u>2/23/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Stanberry Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-26-49</u>		REGISTRAR'S SIGNATURE <u>James H. Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Evan Johnson Stanberry Mo.</u>			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Evann Johnson Student Embalmer No. NONE
working under my personal supervision.

Signed.....
Student Embalmer

Signed Evann Johnson
Licensed Embalmer No. 3492
P. O. Address Stantury 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 this body is not embalmed, fact should be so stated above.