

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11567**

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 477	
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY LEAVENWORTH			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN heavenworth 14		999	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rose Leon Past Home <i>half Prospect Avenue</i>				d. STREET ADDRESS (If rural, give location) 6th Ave, Olive St 2			
3. NAME OF DECEASED (Type or Print) Phyllis		a. (First)		b. (Middle)		c. (Last) Newton	
4. DATE OF DEATH 4-27-49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 12-10-79		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 10 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) LANCASTER ENGLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Gill		13b. MOTHER'S MAIDEN NAME Abigail		14. NAME OF HUSBAND OR WIFE MARRIOW NEWTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs H.C. Arroyo, Jr. Leavenworth, Ks			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction 24 hr chronic myocarditis 1 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4 1/2 yr DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 June 1, 1948 , to Apr 27, 1949 , that I last saw the deceased alive on Apr 24, 1949 , and that death occurred at 2:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. J. Zochalek M.D.				23b. ADDRESS 411 Kirkpatrick St. Joseph, Mo		23c. DATE SIGNED 4/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-27-49		24c. NAME OF CEMETERY OR CREMATORY Leavenworth Ks		24d. LOCATION (City, town, or county) (State) Leavenworth Ks	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE April 28, 1949 E. B. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newton's Funeral Chapel			

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

MAY 14 1945

MAY 4 1945

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 _____

Sheldon L. Lytton

Student Embalmer No. _____

working under my personal supervision.

Signed *Sheldon L. Lytton*

Signed _____
Student Embalmer

Licensed Embalmer No. *8003*

P. O. Address *Leavenworth 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.