

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15200

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Drexel</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Drexel</b>	
c. LENGTH OF STAY (in this place) <b>48 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Cass Street &amp; Second.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Home, Cass &amp; 3rd St.</b>		d. STREET ADDRESS (If rural, give location) <b>Cass Street &amp; Second.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>MARY</b> c. (Last) <b>NEW.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May, 22, 1949.</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 17, 1874</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>9</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household Duties.</b>	11. BIRTHPLACE (State or foreign country) <b>Christian County, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John T. Hathaway.</b>	
13b. MOTHER'S MAIDEN NAME <b>Harriett Blake.</b>		14. NAME OF HUSBAND OR WIFE <b>Ira A. New.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Vera New Miller,</b>		ADDRESS <b>Drexel, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>MI, Incompetency</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dequility</b>	
19a. DATE OF OPERATION <b>None</b>		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) (m.)		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 <b>Jan 1, 1949</b> , to <b>May 22, 1949</b> , that I last saw the deceased alive on <b>May 22, 1949</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Basel Spertwell, C.M.D.</b>		23b. ADDRESS <b>Drexel Mo</b>	
23c. DATE SIGNED <b>5-26-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>May, 27, 49.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sharon</b>	
24d. LOCATION (City, town, or county) (State) <b>Drexel, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Hays</b>	
25. ADDRESS <b>Drexel, Mo.</b>		26. DATE REC'D BY LOCAL REG. <b>5/26/49</b>	
REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>		51	

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

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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

~~working under my personal supervision.~~

~~Student~~ .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 1950

P. O. Address Drexel - 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.