

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22740

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>3292 1/2</u>	c. CITY OR TOWN <u>dk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>dk</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>NEWSCHWANDER</u> c. (Last) <u>NEWSCHWANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1949</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>dk</u>	8. DATE OF BIRTH <u>1875</u>	9. AGE (in years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 mos. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>us</u>
13a. FATHER'S NAME <u>dk</u>		13b. MOTHER'S MAIDEN NAME <u>dk</u>		14. NAME OF HUSBAND OR WIFE <u>dk</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dk</u>	16. SOCIAL SECURITY NO. <u>dk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Newschwander</u> ADDRESS <u>2822 Summit Bellvue Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>522X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Carcinoma prostate</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 6/16, 1949, to 7/28, 1949, that I last saw the deceased alive on 7/28, 1949, and that death occurred at 1:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. Caldwell md</u> (Degree or title)	23b. ADDRESS <u>State Hos #1 Fulton Mo</u>	23c. DATE SIGNED <u>7/28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Burial Columbia Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 1-1949</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Roberts</u> ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9
RECEIVED AUG 4 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.