

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23991**

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

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BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>3037</u>		Registrar's No. <u>243</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McVernon</u>		c. LENGTH OF STAY (In this place) <u>1</u> <u>49 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McVernon</u>		3. <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 So Market</u>				d. STREET ADDRESS (If rural, give location) <u>1015 So Market</u>			
3. NAME OF DECEASED (Type or Print) <u>Missouri</u>			a. (First) <u>Ann</u>		b. (Middle) <u>Newberry</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>May - 5 - 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May - 22 - 1872</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Pulaski County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James W. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Vance</u>		14. NAME OF HUSBAND OR WIFE <u>John Newberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Newberry, McVernon Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>  <u>year</u>	
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) _____ 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 <u>8/30, 1949</u> to <u>8/15, 1949</u> that I last saw the deceased alive on <u>8/15, 1949</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur J. Gravem</u>				23b. ADDRESS <u>McVernon, Mo.</u>		23c. DATE SIGNED <u>8/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McVernon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>May J. Fossett</u>		ADDRESS <u>McVernon Mo.</u>	

RECEIVED AUG 9 1949  
District Health Office No. 6,  
District File Number 849-919  
Date Filed 8-9-49

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address McWenning, 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.