

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED AUG 13 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 254

80
406
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia

c. LENGTH OF STAY (in this place) 3 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION 1921 S. Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY Pettis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia

d. STREET ADDRESS (If rural, give location) 1921 S. Montgomery

3. NAME OF DECEASED

a. (First) William b. (Middle) Henry c. (Last) Newell

4. DATE OF DEATH (Month) (Day) (Year) July 24 1949

5. SEX Male **6. COLOR OR RACE** Wh. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** married

8. DATE OF BIRTH May 14, 1865 **9. AGE** (In years last birthday) 84 (Under 1 year) (Months) (Days) 2 13 (Under 2 hrs.) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (State or foreign country) Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jefferson Newell **13b. MOTHER'S MAIDEN NAME** Verlona Cope **14. NAME OF HUSBAND OR WIFE** Adelia Vandeman Newell

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** Mrs. Adelia Newell **ADDRESS** Sedalia Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apopopley

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility

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 3 yrs. 1

334X

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from July 26, 1946 to July 24, 1949, that I last saw the deceased alive on 23 July, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Emerson Jr. M.D. **23b. ADDRESS** 327 E. Marshall Mo. **23c. DATE SIGNED** 7-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** July 26, 1949 **24c. NAME OF CEMETERY OR CREMATORY** Ridge Park Cemetery **24d. LOCATION** (City, town, or county) (State) Marshall Mo.

DATE REC'D BY LOCAL REG. 7-24-49 **REGISTRAR'S SIGNATURE** Betty Yeager **25. FUNERAL DIRECTOR'S SIGNATURE** W. Marshall Lewis **ADDRESS** Marshall Mo.

RECEIVED

AUG 1

District Health Officer No. 8,

District File Number

Filed

8-12-49

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.

Signed

R. W. Campbell Jr.

Signed _____

Student Embalmer

Licensed Embalmer No. *3469*

P. O. Address *Marshall 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.

Marshall Mo