

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27537

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BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 263				
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway						
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (In this place) 1 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Maryville						
d. FULL NAME OF HOSPITAL OR INSTITUTION 926 No. Main				d. STREET ADDRESS (If rural, give location) 926 No. Main						
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD			b. (Middle) M.		c. (Last) NEW		4. DATE OF DEATH (Month) (Day) (Year) 8 24 49			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5/2/77		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) New London, Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George New			13b. MOTHER'S MAIDEN NAME Lillis McKinley			14. NAME OF HUSBAND OR WIFE Mary Ann New, dec.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Garten, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pericardial edema + terminal pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral thrombosis</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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)		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>2/10, 1948</u> , to <u>Aug. 24, 1949</u> , that I last saw the deceased alive on <u>8/22, 1949</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>H. C. Bauman</u>				(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri			23c. DATE SIGNED 8/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/26/49	24c. NAME OF CEMETERY OR CREMATORY Miriam			24d. LOCATION (City, town, or county) (State) Maryville, Missouri				
DATE REC'D BY LOCAL REG. 9-3-49		REGISTRAR'S SIGNATURE <u>Beas Holt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>			ADDRESS Maryville, Mo.		

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



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 _____

ROBERT L SAUTER

Student Embalmer No. *309*

working under my personal supervision.

Student

Robert L Sauter
Student Embalmer

Signed

John W. Price

Licensed Embalmer No. *4281*

P. O. Address

Maryville 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.