

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31416**

No. 300
10-48
FILED SEP 19 1949

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26

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

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pulaski			
b. CITY OR TOWN Maynewille		c. LENGTH OF STAY (in this place) 19 hours		c. CITY OR TOWN Richland			
d. FULL NAME OF HOSPITAL OR INSTITUTION DEWITT Hospital				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) Ruby Kathryn Newberry			4. DATE OF DEATH (Month) (Day) (Year) 9 2 49				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 12, 1919	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 10	IF UNDER 4 Hrs. Hours _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hooker, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ch. Sanders		13b. MOTHER'S MAIDEN NAME Aline Forbes		14. NAME OF HUSBAND OR WIFE Paul Newberry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Paul Newberry ADDRESS Richland			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 4105X		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) _____ 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 9-15 , 19 49 , to 9-2 , 19 49 , that I last saw the deceased alive on 9-27 , 19 49 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. D. Dewitt (Degree or title) _____				23b. ADDRESS Maynewille Mo.		23c. DATE SIGNED 9-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/49	24c. NAME OF CEMETERY OR CREMATORY DeWitt		24d. LOCATION (City, town, or county) Richland Mo (State) _____		
DATE REC'D BY LOCAL REG. 9-14-49		REGISTRAR'S SIGNATURE Thelma C. Buckthorp		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Seiple ADDRESS Richland			

OCT 18 1951

SEP 14 1949

OCT 10 1951

OCT 16 1951

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

Cowell Craig

Student Embalmer No. *329*

working under my personal supervision.

Student *Cowell Craig*.....

Student Embalmer

Signed

R. B. Cooper

Licensed Embalmer No. *3198*

P. O. Address *Richland*

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.