S. No. 300
V. 10.48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40932

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 273

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor
c. LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 West Benton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor
d. STREET ADDRESS (If rural, give location): 601 West Benton

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Belle
c. (Last): Newsum

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 30, 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Camden County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Wilson
13b. MOTHER'S MAIDEN NAME: Mary Huddleston
14. NAME OF HUSBAND OR WIFE: Albert Newsum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Charley Vincent, Windsor, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) m.
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* 12-16, 1949, *to* 12-16, 1949, *that I last saw the deceased alive on* 12-16, 1949, *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray B Jordan (Degree or title): M.D.
23b. ADDRESS: Windsor Mo.
23c. DATE SIGNED: 12-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-49
24c. NAME OF CEMETERY OR CREMATORY: Reed Cemetery
24d. LOCATION (City, town, or county) (State): Polk County, Missouri

DATE REC'D BY LOCAL REG.: 12-19-49
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Huston-Turner, Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 1950

RECEIVED
District Health Officer No. 7,
District File Number 11-49-1506
Date Filed 12-27-49

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 William M. Turner

Signed .....
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, Me

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.