

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 515

BIRTH NO.		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		020 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chambers Nursing Home				d. STREET ADDRESS (If rural, give location) 300 South Jackson St.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Alfred		c. (Last) Newman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 16, 1862	
9. AGE (In years last birthday) 87		10. 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) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME A. Charles Newman		13b. MOTHER'S MAIDEN NAME Mary Jane Sullivan		14. NAME OF HUSBAND OR WIFE Caroline Newman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Newman, 300 S. Jackson St. Eldorado Springs, 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) Pneumonia, Hypostatic, Bilateral & severe. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture, rt. humerus. 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 60 days E9030 200	
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.) about his home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eldorado Springs, Cedar, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 5 1950 7:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Walking to get paper, fell on sidewalk. 70			
22. I hereby certify that I attended the deceased from 5:00 am, 1950, to 11:00 am, 1950, that I last saw the deceased alive on 11 Jan, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE John C. Hill, M.D.		(Degree or title)		23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 14 Jan 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-1950		24c. NAME OF CEMETERY OR CREMATORY Hackleman		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. JAN. 23, 1950		REGISTRAR'S SIGNATURE Per H. K. ...		FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Cannon, Stockton, Mo.			

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

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RECEIVED
District Health Officer No. 7,
District File Number 1249-2033
Date Filed 1-31-50

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 John A. Cantlan.....

Licensed Embalmer No. 4387.....

P. O. Address Stockton, 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.