

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8252

0380
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BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 3444		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural Athens T.)		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0380			
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Olive		b. (Middle) Evelyn		c. (Last) Newman		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 1 1867	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Harvey Steel		13b. MOTHER'S MAIDEN NAME Mary Crabtree		14. NAME OF HUSBAND OR WIFE Wm. Newman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie McCrary Albany ADDRESS			
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) Carcinoma of lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast 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 6 mos 1 1/2 yrs 170X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		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 1948 to Feb. 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 7:10 p.m. from the causes and on the date stated above.							
23a. SIGNATURE C. J. Pray, D.O.				23b. ADDRESS Albany		23c. DATE SIGNED 3-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/9/50		24c. NAME OF CEMETERY OR CREMATORY Grandview		24d. LOCATION (City, town, or county) (State) Albany, Missouri	
DATE REC'D BY LOCAL REG. Mar 17-1950		REGISTRAR'S SIGNATURE Mrs. Edith Childers		43 25. FUNERAL DIRECTOR'S SIGNATURE C. J. Pray		ADDRESS Albany 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 _____ me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer _____

Signed _____

Licensed Embalmer No. 3329

P. O. Address Albany, 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.