

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8893

State File No.

FILED APR 1 1950

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u>		Registrar's No. <u>1239</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Minn.</u> b. COUNTY <u>Dakota</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Paul</u>		<u>8220</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>662 Mt. Curre Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allan</u>		b. (Middle) <u>David</u>		c. (Last) <u>Newman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Mar. 25, 1948</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>I II</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Minneapolis Minn.</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Marion Newman</u>			13b. MOTHER'S MAIDEN NAME <u>Annette Shedorsky</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Newman St. Paul, Minn</u>					
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) <u>Serratia Shigaei 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 Edema</u> DUE TO (c) <u>Due to Possible Gramamin Tablets Poisoning</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10</u> <u>E 8 14</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		123		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>					
21d. TIME OF INJURY <u>3-14-50 10:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Took Gramamin Tablets</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ruth H. Quinn Coroner</u>				23b. ADDRESS <u>1034 Beato Blvd.</u>		23c. DATE SIGNED <u>3-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>St. Paul, Minn.</u>			
DATE REC'D BY LOCAL REG. <u>3-15-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.P. Louis Funeral Home K.C. Mo.</u>					

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gary Buffington
.....
Licensed Embalmer No. 2756

P. O. Address K.C. 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.