

FILED JUL 7 1950

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

State File No. 20825

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 52

0560

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

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mattie	b. (Middle) Mae	c. (Last) Newbrough	(Month) June	(Day) 29	(Year) 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 22	Hours 0	Min. 0
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10a. 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) Grafton West Virginia	12. CITIZENRY OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME John Curry	13b. MOTHER'S MAIDEN NAME Klizabeth Mason	14. NAME OF HUSBAND OR WIFE Robert Jonah Newbrough
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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 Robert Jonah Newbrough	ADDRESS La Belle, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dementia Senilis DUE TO (c) None Known		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 30, 1950 to June 29, 1950, that I last saw the deceased alive on June 29, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Green	(Degree or title) M.D.	23b. ADDRESS La Belle Mo	23c. DATE SIGNED 6/30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Harmony Grove Cemetery	24d. LOCATION (City, town, or county) (State) Near Colony Mo.
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DATE REC'D BY LOCAL REG. 7-1-50	REGISTRAR'S SIGNATURE P. W. Jennings	1616 F. FUNERAL DIRECTOR'S SIGNATURE W. J. Hodder Jr.	ADDRESS La Belle, Mo.
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RECEIVED JUL 3 1950
District Health Officer No. 10
District File Number 6-50-1053
Date Filed

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 Meyer

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed J. A. Loder Jr.
Licensed Embalmer No. 64328
P. O. Address W. Bell, Md.

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.