

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

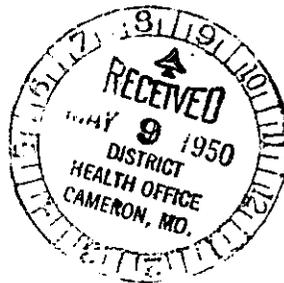
State File No. 21066

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 706

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>NODAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>MARYVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hopkins</b>	
c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>John</b>		b. (Middle) <b>Wesley</b>	
c. (Last) <b>New</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 26-1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 23-1855</b>
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant-Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (State or foreign country) <b>Hancock County, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>			
13a. FATHER'S NAME <b>Daniel New</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Jennie New</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Belle Goodrich, Hopkins, Mo</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Fracture femor</b> DUE TO (c) <b>operative shock (supp report)</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Surgery for Fracture #</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>fracture neck of femor</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Park</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nodaway Mo</b>			
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? <b>fell on floor femor fracture</b>			
22. I hereby certify that I attended the deceased from <b>4-20-1950</b> , to <b>4-26-1950</b> , that I last saw the deceased alive on <b>4-26-1950</b> , and that death occurred at <b>7:25 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. Deau</b> (Degree or title) <b>m d</b>		23b. ADDRESS <b>Maryville MO</b>	
23c. DATE SIGNED <b>4-29-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>		24b. DATE <b>Apr. 28-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-6-50</b>		REGISTRAR'S SIGNATURE <b>Kess H. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Swanson</b>		ADDRESS <b>Hopkins Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.