

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25913**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 215

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing, Missouri 0980</u>                                   |  |
| c. LENGTH OF STAY (in this place) <u>15 med.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green-South Memorial</u>                           |  |  |  |

|   |                           |  |  |   |  |
|---|---------------------------|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Linda</u> b. (Middle) <u>K.</u> c. (Last) <u>Newman</u> |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 10, 1950</u> |   |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (specify)) <u>N</u> | 8. DATE OF BIRTH <u>Aug 25, 1943</u>                         | 9. AGE (In years last birthday) <u>6</u>                      | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |
| 10a. USUAL OCCUPATION   |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                |  | 11. BIRTHPLACE (State or foreign country) <u>Memphis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |

|   |   |                                      |
|---|---|--------------------------------------|
| 13a. FATHER'S NAME <u>George Newman</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Francis</u> | 14. NAME OF HUSBAND OR WIFE <u>✓</u> |
|---|---|--------------------------------------|

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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 <u>George Newman</u> ADDRESS <u>Downing, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH <u>30 med</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>  |  | <u>892.10</u>                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Aspiration food (meat)</u><br>DUE TO (c) |  | <u>2.20</u>                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>098</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|--|--|
| 21a. ACCIDENT (Specify) <u>Accident</u><br><u>SOURCE</u><br><u>HOMICIDE</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)<br><u>Downing Schuyler Mo.</u> |
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|  |   |   |
|--|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 10, 1950 7 pm.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Aspiration meat while eating evening meal</u> |
|--|---|---|

22. I hereby certify that I attended the deceased from 10 Aug., 1950, to 10 Aug., 1950, that I last saw the deceased alive on 10 Aug., 1950, and that death occurred at 7:30 pm., from the causes and on the date stated above.

|   |                                    |                                     |
|---|------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>J.P. Kemp</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Kirkville, Mo.</u> | 23c. DATE SIGNED <u>10 Aug 1950</u> |
|---|------------------------------------|-------------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL <u>Burial</u> | 24b. DATE <u>Aug 13, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Downing, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u> |
|---|-------------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>8-13-50</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Moore</u> ADDRESS <u>Downing Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Mrs. Kate Lambert  
1001 N. Edgar*

Date Received: AUG 21  
DISTRICT HEALTH OFFICE  
District File Number P-5  
Date Filed: AUG 22 1950

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*

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Lloyd Moore*

Licensed Embalmer No. *3151*

P. O. Address *Douning 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.