

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27895
Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 444

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.M. Dameron home</u>		d. STREET ADDRESS (If rural, give location) <u>S.M. Dameron home</u>	
3. NAME OF DECEASED a. (First) <u>Armazinda</u> b. (Middle) <u>Newby</u> c. (Last) <u>Newby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-17-1852</u>
9. AGE (In years last birthday) <u>97</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James P. Manion</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Biggerstaff</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Nelson Newby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S.M. Dameron; Clifton Hill, Mo.</u>		ADDRESS <u>Clifton Hill, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sterility</u>			INTERVAL BETWEEN ONSET AND DEATH
*ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			<u>794X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>June, 1950</u> , to <u>Aug 31, 1950</u> , that I last saw the deceased alive on <u>Aug 31, 1950</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. P. Alexander M.D.</u> (Degree or title)		23b. ADDRESS <u>Clifton Hill, Mo.</u>	
23c. DATE SIGNED <u>9/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-2-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/9/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. L.A. Barnhart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Patton & Sons</u>		ADDRESS <u>Huntsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

880

0880

Date Received: SEP 12 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 12 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala

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.