

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4318**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **468** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayaville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayaville	
c. LENGTH OF STAY (in this place) 38 Yrs.		d. STREET ADDRESS (If rural, give location) 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, In Town,			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Newkirk	4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1881	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Marcus Hooper	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE J. R. Newkirk Mayaville Mo
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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) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME J. R. Newkirk ADDRESS Mayaville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic degeneration of 1 month DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			42 0.1

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) _____	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 **11-15-1951**, to **2-4-1951**, that I last saw the deceased alive on **2-1-1951** and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Newkirk, M.D.	23b. ADDRESS Mayaville, Mo	23c. DATE SIGNED 3-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-51	24c. NAME OF CEMETERY OR CREMATORY Hopewell	24d. LOCATION (City, town, or county) (State) Mayaville Mo
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DATE REC'D BY LOCAL REG. 3-1-51	REGISTRAR'S SIGNATURE Harold Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Brown ADDRESS Mayaville Mo
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(Licensed Embalmer's Certificate on Reverse Side)

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

320



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address _____

Massville, N.C.

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.