

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15609

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Rural Bourbon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 132 Maple Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bourbon Township			

3. NAME OF DECEASED (Type or Print) JAMES DAVIS	a. (First)	b. (Middle) NEWMAN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5-9-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-14-1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR 10 Days	IF UNDER 1 HRS. 25 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James A. Newman	13b. MOTHER'S MAIDEN NAME Mary D. Allen	14. NAME OF HUSBAND OR WIFE Sally Jane Chrisman
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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 None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Hattie Newman	ADDRESS Centralia, Missouri
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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) Massive intrabronchial hemorrhage		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured aorta and ruptured coronary artery DUE TO (c) Accident		10 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Multiple lacerations	0 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Railroad	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Boone Mo
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21d. TIME OF INJURY (Month) (Day) (Year) 5-9-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by train
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22. I hereby certify that I attended the deceased from Corcoran, Mo., to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Harry W. Griffith, M.D., Corcoran	(Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 5-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-11-51	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Boone County Missouri
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DATE REC'D BY LOCAL REG. May 22 - 1951	REGISTRAR'S SIGNATURE Maud McBridge	25. FUNERAL DIRECTOR'S SIGNATURE Bill J. Meador	ADDRESS Centralia
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-28-51

REC'D  
MUN 2

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 \_\_\_\_\_

Lois M. Meador

working under my personal supervision.

Student Embalmer No. 379

Signed *Lois M. Meador*  
Student Embalmer

Signed *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address *Sturgeon 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.