

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16034

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clear Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clear Creek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles west of Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles west of Pilot Grove</u>	

3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>-ALOYSIUS-</u> c. (Last) <u>-NEWMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 3, 1902</u>	9. AGE (In years last birthday) <u>49</u>	10. UNDER 1 YEAR <u>2</u> Months <u>27</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ed Newman</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Brush</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Robert Newman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-24-8308</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Newman</u> ADDRESS <u>Pilot Grove Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 7/21</u> <u>42</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>CREEK</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>PILOT GROVE COOPER MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 30 57 3:11 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowned.</u>

22. I hereby certify that I attended the deceased from _____, 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 (Name or title) <u>M.R. DeCadeque M.D.</u>	23b. ADDRESS <u>Carmen Bronaille Ave</u>	23c. DATE SIGNED <u>6/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, MO</u>
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DATE REC'D BY LOCAL REG. <u>June 1, 1951</u>	REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays Painter</u> ADDRESS <u>Pilot Grove, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

270
3

RECEIVED

6-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-11-51

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 _____

Musely

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

Lepton E. Hays

Licensed Embalmer No. 3074

P. O. Address

Beltsville Md

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.