

FILED SEP 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26144

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY Boone 0105		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Allen	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Lima 834	
c. LENGTH OF STAY (In institution) 7 days		d. STREET ADDRESS (If rural, give location) 641 East Third St. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 W. Ash			

3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) WEBSTER c. (Last) NEWLAND			4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1951		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 3, 1886	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months 7 Days 26	11. UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alger, Ohio /		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Arron Newland		13b. MOTHER'S MAIDEN NAME Ella Wade		14. NAME OF HUSBAND OR WIFE Ethel Carey Newland			
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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 ADDRESS Kenneth Newland, Columbia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with hemiplegia				INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
		ANTECEDENT CAUSES Morbidity 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. Carcinoma skin, scalp 3 yrs					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X H				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 23, 1951 to Aug 29, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. P. Sadeuroy MD (Degree or title)		23b. ADDRESS 16 N. 10th Columbia		23c. DATE SIGNED 8-30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 30, 1951		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lima, Ohio	
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DATE REC'D BY LOCAL REG. Aug 30 1951		REGISTRAR'S SIGNATURE Mrs R E Palmers 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service Columbia Mo			
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

SEP 13 1951

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 M. S. M. Schubert

Licensed Embalmer No. 3893

P. O. Address @ Columbia 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.