

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32465**
Registrar's No. **154**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benton City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print) STELLA	a. (First) STELLA	b. (Middle) B.	c. (Last) NEWMAN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1876	9. AGE (In years) (Month) (Day) 75	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Callaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ranson Dudley	13b. MOTHER'S MAIDEN NAME Julia P. Jones	14. NAME OF HUSBAND OR WIFE J.P. Newman
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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. None	17. INFORMANT'S SIGNATURE OR NAME J.P. Newman, Benton City, Mo.	ADDRESS
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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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis		
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 33IX	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) (m.)	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 **Oct. 6, 1951**, to **Oct. 9, 1951**, that I last saw the deceased alive on **Oct. 9, 1951**, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>A. S. Newman M.D.</i>	(Degree or title)	23b. ADDRESS Mexico Mo	23c. DATE SIGNED Oct 12 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 11, 51	24c. NAME OF CEMETERY OR CREMATORY East Lawn	24d. LOCATION (City, town, or county) (State) Audrain County, Mo.
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DATE REC'D BY LOCAL REG. Oct 11 1951	REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Pugh</i>	ADDRESS Mexico, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: OCT 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1863
Date Filed: OCT 19 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Ralph L. Houston Jr.
Licensed Embalmer No. 4687
P. O. Address Mexico, 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.