

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36536**

FILED NOV 17 1951

0130
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4062</u>		Registrar's No. <u>52</u>		
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>			b. (Middle)			c. (Last) <u>Mc New</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 51</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>Nov. 2-1868</u>			9. AGE (In years last birthday) <u>82</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Ill.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John F. McNew</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet L. Rogers</u>		
14. NAME OF HUSBAND OR WIFE <u>Cora E. McNew</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Mc New, Cowgill, Mo.</u>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			2. ANTECEDENT CAUSES (b) <u>Coronary Arteriosclerosis</u>			3. DUE TO (c) <u>Generalized Arteriosclerosis</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Cerebral Arteriosclerosis</u>			4. <u>many years</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		
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?		
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> , to <u>Oct 27, 1951</u> , that I last saw the deceased alive on <u>Oct 26, 1951</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. E. Goldberg M.D.</u> (Degree or title)			23b. ADDRESS <u>B. Raymer, Mo.</u>			23c. DATE SIGNED <u>10/30/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>10-30-1951</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Cowgill, Mo.</u>			DATE REC'D BY LOCAL REG. <u>11-9-51</u>			REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark, Kingston, Mo.</u>			ADDRESS					



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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.