

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36707

FILED DEC 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 02215 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>	
c. LENGTH OF STAY (In this place) <u>1</u> YEARS		d. STREET ADDRESS (If rural, give location) <u>RFD 3 0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1007 HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ulyessess GRANT</u> b. (Middle) <u>NEWHART</u> c. (Last) <u>NEWHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1951</u>	
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 12, 1864</u>
9. AGE (In years last birthday) <u>87</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLARKVILLE, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. F. Newhart</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY Newhart</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>I O O F Home Records, Liberty Mo</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>encephalomalacia</u> 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 <u>332X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	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>July</u> , 19 <u>49</u> , to <u>Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 29, 1951</u> , and that death occurred at <u>11:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm J. Goodson</u> (Degree or title)		23b. ADDRESS <u>Liberty Mo</u>	
23c. DATE SIGNED <u>11/30 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ODESSA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ODESSA MO.</u>
DATE REC'D BY LOCAL REG. <u>Dec-2-51</u>	REGISTRAR'S SIGNATURE <u>Drumie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bailey</u> ADDRESS <u>Henry Liberty, MO</u>	

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

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**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 John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.