

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40376

State File No. _____
Registrar's No. 56

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4482

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND 0990</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS 0890</u>	
c. LENGTH OF STAY (in this place) <u>30 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DUDLEY</u> c. (Last) <u>NEWMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 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>1-5-65</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR Months _____ 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 _____		11. BIRTHPLACE (State or foreign country) <u>HILLSBORO KY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>MATSON NEWMAN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY EDEN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLOTTE NEWMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Newman</u> ADDRESS <u>Spring, Mo</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</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 <u>151X</u>			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 Nov 13 1951, to Nov 21, 1951, that I last saw the deceased alive on Nov. 21, 1951, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Shillaker</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Memphis, Tenn</u>		23c. DATE SIGNED <u>11/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SCOTLAND COUNTY Mo</u>		DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE <u>407-11</u> FUNERAL DIRECTOR'S SIGNATURE <u>W. Payne</u> ADDRESS <u>Memphis</u>			

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

Date Received: DEC 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2228
Date Filed: DEC 6 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 *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address *Memphis, Tenn*

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.