

11888

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5001</u>		Registrar's No. <u>156</u>		
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CLAY</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CLAY TWP</u>		0010 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7-MI-N-BRASHEAR</u>				d. STREET ADDRESS (If rural, give location) <u>7-MI-N-BRASHEAR</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLES MARSHALL NEWMAN</u>			b. (First)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13 1952</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15 1891</u>		9. AGE (In years last birthday) <u>60</u>	10. MONTHS	11. DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER-FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>DANVILLE-ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>WILLIAM NEWMAN</u>			13b. MOTHER'S MAIDEN NAME <u>CANDACE BERRY</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE BLACK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GRACE NEWMAN-BRASHEAR Mo</u>				
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>Coronary Occlusion (second)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) m. _____		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>March</u> 19 <u>51</u> , to <u>April 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 1</u> , 19 <u>52</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. G. Schubert</u>			23b. ADDRESS (Degree or title) <u>D.O. 2, Richsville Mo</u>		23c. DATE SIGNED <u>April 16 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/16 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CATHOLIC</u>		24d. LOCATION (City, town, or county) (State) <u>ADAIR MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>4-21-52</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. B. Easley, Hurdland Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 1950

NS JAN 13 1950

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 _____

Geo. B. Enslley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.