

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15971**
 BIRTH NO. **5-20-52** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Irvin c. (Last) Newcomb			4. DATE OF DEATH (Month) (Day) (Year) May 15 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-21-1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 11 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY merchant	11. BIRTHPLACE (State or foreign country) Dade Co Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W Newcomb		13b. MOTHER'S MAIDEN NAME Martharench		14. NAME OF HUSBAND OR WIFE Hulda M newcomb	
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 ADDRESS Mrs Hulda M Newcomb Lockwood Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	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 331X	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) (Min)	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 **5-1-**, 19**52**, to **5-15-**, 19**52**, that I last saw the deceased alive on **5-15-**, 19**52**, and that death occurred at **9:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE T.D. Combs (Degree or title)	23b. ADDRESS Lockwood	23c. DATE SIGNED 5-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-18-52	24c. NAME OF CEMETERY OR CREMATORY Lockwood
24d. LOCATION (City, town, or county) (State) Lockwood Mo		

DATE REC'D BY LOCAL REG. 5-20-52	REGISTRAR'S SIGNATURE Geo. L. Weis by J. C. Canale	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison reenfield Mo.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W.P. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass.

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.