

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42035**

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1110

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

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | |
| c. LENGTH OF STAY (in this place) <u>6 hours</u> | | d. STREET ADDRESS (If rural, give location) <u>1430 N. Jefferson Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>STERLING</u> | b. (Middle) <u>PRICE</u> | c. (Last) <u>NEWBERRY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1952</u> |
|-------------------------------------|----------------------------|--------------------------|---------------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|
| 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>5 July 1884</u> | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>68</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clergyman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist Church</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Jasper Newberry</u> | 13b. MOTHER'S MAIDEN NAME <u>Easter Pittman</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel Newberry</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>J.S. Newberry, 515 E. Monroe Street, Springfield, Missouri</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio vascular disease</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1-5-51 1919, to 12-11-52 1919, that I last saw the deceased alive on 12-11-52, and that death occurred at 5:20P -m., from the causes and on the date stated above.

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|---|---------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Paul C. Norton M.D.</u> | 23b. ADDRESS <u>1630 N. Jefferson</u> | 23c. DATE SIGNED <u>12-13-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-15-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-15-52</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fred C. Thomas Springfield, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Cronin

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.