

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1736

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 11

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | c. LENGTH OF STAY (in this place) 24 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium | | d. STREET ADDRESS (If rural, give location) 2631 South Chrysler | |

| | | | | | |
|---|--------------------|--|---|------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) EDNA | b. (Middle) MAXINE | c. (Last) NEWTON | Jan. | 6, | 1953 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 13, 1918 | 9. AGE (In years last birthday) 34 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | |
|--|-----------------------------------|--|
| 13a. FATHER'S NAME Frederick William Koch | 13b. MOTHER'S MAIDEN NAME Clara - | 14. NAME OF HUSBAND OR WIFE Charles W. Newton |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara A. Koch, 1012 Oak St., KC 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Fat Egan</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES 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 | 20. AUTOPSY? YES <input checked="" 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) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|------------------------------|--|
| 23a. SIGNATURE <u>Dr. C. J. ...</u> (Degree or title) | 23b. ADDRESS <u>2050 ...</u> | 23c. DATE SIGNED <u>1-7-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE <u>1/9/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u> |

| | | |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-8-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u> |
|--|--|--|

(Licensed Embalmers' Statement on Reverse Side)

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

MAR 17 1953

*John C. ...
4050 ...*

MAR 22 1953

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 Clark

Licensed Embalmer No. *4216*

P. O. Address *F. O. Me.*

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.