

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13155**

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5016** Registrar's No. **31**

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

1. PLACE OF DEATH a. COUNTY Andrew			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cosby Missouri		c. LENGTH OF STAY (In this place) 7 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cosby, Mo.		0030
d. FULL NAME OF HOSPITAL OR INSTITUTION At home Cosby, Mo.			d. STREET ADDRESS (If rural, give location) *****		
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) Matilda	c. (Last) Newburn	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 10, 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Eaton, Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Newton		13b. MOTHER'S MAIDEN NAME Lucinda Leach	14. NAME OF HUSBAND OR WIFE Charles B. Newburn		
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 P. E. Newburn Helena, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Dehydration and Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 10-14 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis				YEARS
	DUE TO (c) Hypertension				YEARS
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza				7 WEEKS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X				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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 4, 1953 , to April 23, 1953 , that I last saw the deceased alive on April 23, 1953 , and that death occurred at 5:15A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. P. Parks M.D.		23b. ADDRESS Union Star, Mo.		23c. DATE SIGNED 4-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Long Branch Cemetery	24d. LOCATION (City, town, or county) (State) Andrew County, Missouri.		
DATE REC'D BY LOCAL REG. 4-30-53	REGISTRAR'S SIGNATURE Lillian Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meinhoffer-Fleming, Inc. St. Joseph, Mo.			

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

Raymond W. Harker

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.