

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17438

FILED JUN 2 1953

State File No. 17438

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 46

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clinton</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Rural Shosh</u>		c. CITY OR TOWN <u>Rural - School 0250</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs</u>		d. STREET ADDRESS <u>9 miles South west Cameron Mo. Cameron Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		(If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Dick Newell</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 26 1953</u>			
<b>5. SEX</b> <u>MO</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 14 - 1883</u>	<b>9. AGE</b> (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm.</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>

<b>13a. FATHER'S NAME</b> <u>Frank Newell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Elizabeth Wetherford</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mable Newell</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mable Newell</u>		<b>ADDRESS</b> <u>Cameron Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4-26, 1953, to 5-26, 1953, that I last saw the deceased alive on 5-26, 1953, and that death occurred at 3 p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>J. D. Kune MD</u>	<b>23b. ADDRESS</b> <u>Cameron Mo</u>	<b>23c. DATE SIGNED</b> <u>5-26-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b>	<b>24b. DATE</b> <u>5-28-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Osborn Cemetery Osborn Mo</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-28-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Winifred W. Moore</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Funeral Home</u>	<b>ADDRESS</b> <u>Cameron Mo</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 Robert F. Poland

Licensed Embalmer No. 47272

P. O. Address 222 West 2nd St  
Lancaster Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.