

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21256

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 65

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Gentry</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Gentry</u>
b. CITY OR TOWN <u>Albany</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>03 8th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Newman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 5, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joshua Shull</u>	13b. MOTHER'S MAIDEN NAME <u>Gillespie</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Newman</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Buford NEWMAN</u>	ADDRESS <u>Albany, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension 15 yrs.</u> 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 <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Albany Gentry Mo.</u>
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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 1902, to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 9:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>	23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>6-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South of Albany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 15-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	462	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buford Brooks</u>	ADDRESS <u>Albany Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1933
1933 88 100

[Faint handwritten notes, possibly "I hereby certify..."]

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

[Handwritten signature]

Licensed Embalmer No. _____

3329

P. O. Address _____

Albany 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.