

FILED JUL 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23788

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>V</u>		PRIMARY REG. DIST. NO. <u>5009</u>		Registrar's No. <u>220</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY OR TOWN <u>Rural-Wilson</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural-Wilson</u>		0010 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi N.E. of Poplata Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi N.E. of Poplata Mo.</u>				
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			a. (First) <u>William</u>		b. (Middle) <u>Newton</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>16</u>		(Year) <u>1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 6, 1862</u>		
9. AGE (in years last birthday) <u>90</u>		MONTHS <u>11</u>		DAYS <u>21</u>		IF UNDER 18, Hrs. _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work including most of past life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>William Newton</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Dalton</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Dues</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lela Woods</u>		ADDRESS <u>Poplata Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X						
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 1, 1953</u> to <u>July 16, 1953</u> that I last saw the deceased alive on <u>July 11, 1953</u> and that death occurred at <u>11 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Poplata Mo.</u>		23c. DATE SIGNED <u>7-17-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poplata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplata Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-20-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Kennerman Wilson</u>		ADDRESS <u>Poplata Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1959

**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

*Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata Mo

**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.