

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25468

State File No.

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. CITY OR TOWN <u>Camdenton</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u> 0150	
c. LENGTH OF STAY (In this place) <u>Months</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grindly Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Sarah Francis Newman</u>	(First) _____ (Middle) _____ (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>July 23-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 1-1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harrison Cooney</u>	13b. MOTHER'S MAIDEN NAME <u>Erane Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Perry Comador Newman</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Baumer as above</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic Stroke Cerebral</u>		<u>10 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Decompensation</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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)
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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 7-7-1953, to 7-23-1953, that I last saw the deceased alive on 7-23-1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Baker</u> (Degree or title?) <u>D.O.</u>	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>7-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-30-1953</u>	REGISTRAR'S SIGNATURE <u>Mella S. May</u> 424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bankman-Woolery Camdenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 1953

Received

Delede County Health Unit

File No. 8-53-121

Date Filed AUG 4 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.....

working under my personal supervision.

Student Embalmer No.....

Signed: *Abbie Benson Wool*

Signed.....
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address *Camden*

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.