

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27641

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>422 Wishart</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 Wishart</u>			
3. NAME OF DECEASED (Type or Print) <u>THELMA</u> a. (First) <u>O</u> b. (Middle) <u>NEWBERRY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1953</u>
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>Oct. 27, 1902</u>
9. AGE (In years last birthday) <u>50</u>		10. AGE (In years last birthday) <u>11</u> Months <u>7</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>bookkeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>G.D. Shreve</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Lee Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Jess Newberry (deceased)</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>489-24-7865</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Shreve, Monett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Lymphatic Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b)  DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>2040</u>	
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>Aug 1, 1951</u> , to <u>Sept 4, 1953</u> that I last saw the deceased alive on <u>Sept 3, 1953</u> , and that death occurred at <u>7:20 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. Edwards M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>	23c. DATE SIGNED <u>9-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-9-53</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.P. Buchanan Monett, Mo.</u>	

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

SEP 1 1938

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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

*J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monroeville Pa

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.