

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

28080

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 4128 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>MISSOURI CITY</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>MISSOURI CITY</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>FRED</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>NEWTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 14 1953</u>
---	------------	----------------------	-------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 2, 1886</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 15 HRS. Hours _____ Min. _____
------------------------------	---	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER SHOP</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI CITY, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>FRANK NEWTON</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE CRAVENS</u>	14. NAME OF HUSBAND OR WIFE <u>CAYULA RUCH NEWTON</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>499-36-5683</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cayula R Newton</u>	ADDRESS <u>Missouri City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to liver</u> DUE TO (c) <u>& omentum</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon - Metastasis Liver</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

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>Liberty, Mo.</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June, 1948, to Aug 14, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Hillenberry MD</u> (Degree or title)	23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>8-15-53</u>
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MISSOURI CITY MISSOURI</u>
---	------------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8/24/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bylen - Parley Funeral Home</u>	ADDRESS <u>Liberty, Mo.</u>
---	---	---	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1954

DEC 10 1956

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.