S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30990

State File No. .....

BIRTH NO. FILED OCT 1 - 1953 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 89

0070 1

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LONE OAK RURAL - BATES #5 -
c. LENGTH OF STAY (in this place): 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RID #5 - BUTLER -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO -
b. COUNTY: BATES
c. CITY OR TOWN: BUTLER RT 5
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0070 0

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): CLAY
c. (Last): NEWLAND

4. DATE OF DEATH (Month) (Day) (Year): AUG 30-1953

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 12-1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 7 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER -
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): IOWA -
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JACOB A NEWLAND
13b. MOTHER'S MAIDEN NAME: NOT KNOWN -
14. NAME OF HUSBAND OR WIFE: HAZEL —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Victoria Plunkett - Butler Mo -
ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): [signature]
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 151 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun 1952, *to* Aug 30, 1953, *that I last saw the deceased alive on* Aug 2, 1953 *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: Aug 31 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 1-53
24c. NAME OF CEMETERY OR CREMATORY: New Hope -
24d. LOCATION (City, town, or county) (State): Liberty Mo -

DATE REC'D BY LOCAL REG.: 9-21-1953
REGISTRAR'S SIGNATURE: Kendall Kersey
25. FUNERAL DIRECTOR'S SIGNATURE: John G Underwood -
ADDRESS: Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.