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

State File No. 35581

BIRTH NO. FILED OCT 26 1953 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5-444 Registrar's No. 115-

**1. PLACE OF DEATH**
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athens Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East of Albany, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany 0380
d. STREET ADDRESS (If rural, give location): South Dallas

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): Buford
c. (Last): Newman

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 12, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: July 28, 1896
**9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Gen. Farming
**11. BIRTHPLACE** (State or foreign country): Gentry County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: Jacob Newman
**13b. MOTHER'S MAIDEN NAME**: Mary Elizabeth Shull
**14. NAME OF HUSBAND OR WIFE**: Grace McConkey Newman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Buford Newman — ADDRESS: Albany, Mo.

**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) Shot in mouth with

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Shot gun - Suicide
DUE TO (c) Self inflected

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
E976X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Athens Gentry Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Oct 12-1953 9 A m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Self inflected

22. *I hereby certify that I attended the deceased from* Oct 12, 1953, *to* Oct 12, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C N Williamson Corner Gentry Co 2 Do
**23b. ADDRESS**: Gentry Mo
**23c. DATE SIGNED**: Oct 20 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Oct. 14, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Grandview Cem.
**24d. LOCATION** (City, town, or county) (State): Albany Missouri

**DATE REC'D BY LOCAL REG.**: Oct 21-53
**REGISTRAR'S SIGNATURE**: Maude Williams 462-
**25. FUNERAL DIRECTOR'S SIGNATURE**: Clifford Brooks — ADDRESS: Albany 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 embalmed by me, or by me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible] Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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

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