S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39777

FILED DEC 14 1953

BIRTH NO. ____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN: Rural Buffalo Twp.
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 M. S. W. Gravois Mills

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN: Gravois Mills
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ Ono
e. STREET ADDRESS (If rural, give location): 10 M. S. W. Gravois Mills, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Joney
b. (Middle): Deloss
c. (Last): Newton

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 28, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 9 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Elick Newton
13b. MOTHER'S MAIDEN NAME: Martha Willson
14. NAME OF HUSBAND OR WIFE: Olive E. Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Olive E. Newton — ADDRESS: Gravois Mills, 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) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensated Heart disease — 4 weeks
DUE TO (c) Chronic Glomerulonephritis of unknown cause — years

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: 592X
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* Dec 6, 1953, *to* Dec 7, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. J. Eckhoff (Degree or title) D.O.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10 Dec. 53
24c. NAME OF CEMETERY OR CREMATORY: Versailles Cemetery
24d. LOCATION (City, town, or county) (State): Versailles, Missouri

DATE REC'D BY LOCAL REG. Dec. 12 1953 — REGISTRAR'S SIGNATURE: Wm. L. Ripperger
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell — ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond C. Forber

Licensed Embalmer No 4626

P. O. Address Versailles

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.