No. 300
10.48

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

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1872

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1107 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
d. STREET ADDRESS (If rural, give location): 1107 Main

0541

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Chas.
c. (Last): Newman

4. DATE OF DEATH (Month) (Day) (Year): Jan 17 1954

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 16, 1896

9. AGE (In years last birthday): 57
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resturant

10b. KIND OF BUSINESS OR INDUSTRY: Resturant Owner

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred Newman

13b. MOTHER'S MAIDEN NAME: Estelle Mount

14. NAME OF HUSBAND OR WIFE: Mrs. Daisy Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.I 1917-19

16. SOCIAL SECURITY NO.: 476-10-4660

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Daisy Newman
ADDRESS: Higginsville 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

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

4201

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* January 17, 1954, *to* January 17, 1954, *that I last saw the deceased alive on* Jan. 17, 1954, *and that death occurred at* 8:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. Koppenbrink, MD

23b. ADDRESS: Higgmsville, Mo.

23c. DATE SIGNED: Jany 20, 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 19, 1954

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Higginsville, Mo.

DATE REC'D BY LOCAL REG.: Jan 23-1954

REGISTRAR'S SIGNATURE: Clayton H. Landrum

25. FUNERAL DIRECTOR'S SIGNATURE: A. H. Hader

ADDRESS: Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 26

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 Forest M. Rickhof

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.