

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7806**

FILED APR 12 1954

BIRTH MO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **359**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 13 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619 East Highland Ave.		d. STREET ADDRESS (If rural, give location) 619 East Highland Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) H. c. (Last) NEWTON			4. DATE OF DEATH (Month) (Day) (Year) March 22 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27, 1868		9. AGE (In years last birthday) 86 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) Ret. Framer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Mancelon, Michigan	
13a. FATHER'S NAME Thomas Newton			13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Mrs. Charlotte Dye Newton
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 Mrs. Charlotte Dye Newton	
12. CITIZEN OF WHAT COUNTRY? U S A			ADDRESS St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		ANTECEDENT CAUSES Arteriosclerotic Heart Disease		19. DATE OF OPERATION 4200	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b)		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)	
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 <u>March 17, 1954</u>, to <u>March 20, 1954</u>, that I last saw the deceased alive on <u>March 20, 1954</u>, and that death occurred at <u>10:50A m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE <i>Clifton Smith</i>			23b. ADDRESS 18 N. Seventh Street St. Joseph 54, Missouri		23c. DATE SIGNED 3-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/24/54	24c. NAME OF CEMETERY OR CREMATORY Iola Cemetery Sparks, Kan		24d. LOCATION (City, town, or county) (State) Sparks, Kansas

DATE REC'D BY LOCAL REG. Apr. 8, 1954		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stammy Funeral Home St. Joseph, Mo</i>	
ADDRESS					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Charles E Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St Joseph Mo*

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

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