

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28590

State File No. ....

BIRTH NO. --- REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant Twp		c. CITY OR TOWN	
c. LENGTH OF TIME (in years) 10		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LIVONIA MO. RFO.		e. STREET ADDRESS (If rural, give location) LIVONIA MO. RFO	
3. NAME OF DECEASED (Type or Print) a. (First) Orval b. (Middle) John c. (Last) Newman			4. DATE OF DEATH (Month) (Day) (Year) July 27 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1885-11-16
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR 8 Months	IF UNDER 24 HRS. 11 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Rufus Newman	
13b. MOTHER'S MAIDEN NAME Lucinda Sparks		14. NAME OF HUSBAND OR WIFE Mattie Newman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-14-5124	
17. INFORMANT'S SIGNATURE OR NAME Son George Newman		ADDRESS Livonia 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 occlusion  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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <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 July 27, 1954, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE R. V. Hart		23b. ADDRESS Coatsville Mo	
23c. DATE SIGNED Jul-27		24a. BURIAL, CREMATION, REMOVAL (Specify) July 30	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Rose Cem	
24d. LOCATION (City, town, or county) (State) Country Mo.		24e. DATE REC'D BY LOCAL REG. 8-14-54	
REGISTRAR'S SIGNATURE Maxwell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE F. O. Husted	
ADDRESS 266		ADDRESS Unionville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3

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..... Signature of Student Embalmer

Signed *F. H. Hurd*.....

Licensed Embalmer No. *295*  
P. *Wagonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.