

FILED SEP 28 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 31554

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3968</u>		Registrar's No. <u>97</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Polk</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Polk</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Rural Benton</p>		c. LENGTH OF STAY (In this place) township		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Rural Benton</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">31/2 Mi. N.W. of Halfway, Mo</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Died in the home</p>									
3. NAME OF DECEASED (Type or Print)			a. (First) <p style="text-align: center;">Thelma</p>		b. (Middle) <p style="text-align: center;">Lois</p>		c. (Last) <p style="text-align: center;">Newland</p>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<p style="text-align: center;">Sept</p>		<p style="text-align: center;">21</p>		<p style="text-align: center;">1954</p>					
5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">Oct. 5, 1913</p>			
9. AGE (In years last birthday) <p style="text-align: center;">40</p>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Homemaking</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>			
13a. FATHER'S NAME <p style="text-align: center;">Luther Francis Ashlock</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Minnie Voris</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Arthur Newland</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">No</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Arthur Newland</p>					
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							
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer breast</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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"/>			
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) (Min.)		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>June</u> , 19 <u>46</u> , to <u>Sept</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>54</u> , and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <p style="text-align: center;">[Signature]</p>				23b. ADDRESS <p style="text-align: center;">Bolivar Mo</p>		23c. DATE SIGNED <p style="text-align: center;">9-22-54</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Sept 23, 1954</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Goff Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Halfway Mo.</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Sept 24, 1954</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">258-0</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Pitts Funeral Home</p>		ADDRESS <p style="text-align: center;">Bolivar. Mo.</p>			

(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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sidney J. Pitts.....

Licensed Embalmer No. 4939.....

P. O. Address Bolivar, 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.