

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1539

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> c. LENGTH OF STAY (in this place) <u>2 Yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> d. STREET ADDRESS (If rural, give location) <u>Hurricane Hill</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Newcomer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 13 1876</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR: <u> </u> Months <u> </u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner Chain Drug Stores, Retail</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bryan Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Frank W. Newcomer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eataline W. Newcomer Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>299-05-3169</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Wilson Warrensburg Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2yr</u>
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) <u>Warrensburg Johnson Mo.</u>			
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>Feb 24, 1954</u> , to <u>Jan 19, 1955</u> , that I last saw the deceased alive on <u>Jan 19, 1955</u> , and that death occurred at <u>5 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John Wilson</u>		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>Jan 21, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Jan. 21 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer's Creamatory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 21, 1955</u>	REGISTRAR'S SIGNATURE <u>Severnus C. Hutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 24 1955
JOHNSON COUNTY HEALTH DEPT.

APR 17 1958

MAR 3 1958

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 John P. Rodgers
Licensed Embalmer No. 4963

P. O. Address Warrensburg, 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.