

STANDARD CERTIFICATE OF DEATH

20768

State File No. ....

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30722 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 years</b>		e. STREET ADDRESS (If rural, give location) <b>307 East Arrow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>307 East Arrow</b>		0.992 0	

3. NAME OF DECEASED (Type or Print) <b>Fredrick A. Newman</b>	a. (First) <b>Fredrick</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Newman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 25th, 1955.</b>
--	----------------------------	-----------------------	-------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 17, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Feed &amp; Produce</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Grantsburg, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Frank A. Newman</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>Bernice Bemis Newman</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-03-1732</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Newman</b>	ADDRESS <b>Marshall, Mo.</b>
--	--	---	------------------------------

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) <b>Adenocarcinoma of Stomach</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>151X</b>		
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) 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 Sept, 1953, to June 25, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>James A. Reid</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>6-27-55</b>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillside cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Minneapolis, Minnesota</b>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>June 27-55</b>	REGISTRAR'S SIGNATURE <b>Cecil A. Reid</b>	385-1	FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>Marshall, Mo.</b>
--	--	-------	--	------------------------------

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

MAY 21 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.....  
Signature of Student Embalmer

Signed..... *R.W. Campbell*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.