

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

9245

1160

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 Washington</u>				e. STREET ADDRESS (If rural, give location) <u>709 Washington</u>				3110	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess.</u>			b. (Middle) <u>G.</u>		c. (Last) <u>Newton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>1878</u> <u>Aug. 30, 1878</u>		9. AGE (In years last birthday) <u>77</u> 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) <u>Steam Fitter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WESTON, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM NEWTON</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH GAUT</u>			14. NAME OF HUSBAND OR WIFE <u>BULA NEWTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>495-10-9989</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert W. Newton, 5521 Garfield, KCMo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  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.  4200						INTERVAL BETWEEN ONSET AND 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) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:50 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>King &amp; Queen Corner</u>				23b. ADDRESS <u>1034 Walnut Bldg</u>			23c. DATE SIGNED <u>3-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park, Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-15-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Surranious 1331 BRUSH CREEK KANSAS CITY MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Name of Deceased .....  
 Date of Death .....  
 Place of Death .....  
 Name of Embalmer .....  
 Address of Embalmer .....  
 City and State .....  
 License No. of Embalmer .....  
 Date of Embalming .....  
 Name of Student Embalmer .....  
 Address of Student Embalmer .....  
 City and State .....  
 License No. of Student Embalmer .....

**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.....  
 Licensed Embalmer No...45  
 P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.