

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2-1956

State File No. **23116**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5280** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Leona, Mo.	c. LENGTH OF STAY (If in place) _____	c. CITY OR TOWN Leona, Mo.	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		e. STREET ADDRESS (If rural, give location) 0225	

3. NAME OF DECEASED (Type or Print) a. (First) Gilbert	b. (Middle) O.	c. (Last) Newberry	4. DATE OF DEATH (Month) (Day) (Year) March 21 1956
--	-----------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 8, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wyaconda, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	--

13a. FATHER'S NAME Pearl Newberry	13b. MOTHER'S MAIDEN NAME Iva Watson	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 486-15-1502	17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys Welch, Keokuk, Ia.	ADDRESS
---	--	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	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"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Country	21c. (CITY, TOWN, OR TOWNSHIP) Clark Co Mo (COUNTY) (STATE)
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/21-1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car accident
--	---	--

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perry J. Barton, Coroner	23b. ADDRESS Wyaconda, Mo.	23c. DATE SIGNED 3-22-56
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23-56	24c. NAME OF CEMETERY OR CREMATORY Wyaconda Cemetery	24d. LOCATION (City, town, or county) (State) Wyaconda Mo
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. 7/30-56	REGISTRAR'S SIGNATURE J. H. Briggs	25. FUNERAL DIRECTOR'S SIGNATURE Wyaconda Mo	ADDRESS
---	---	---	---------

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

old Rugged Cross
Keep soldier pay slip

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.....
Geo V Roberts

Licensed Embalmer No. 181

P. O. Address *Wye*

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.