

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25869**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **252**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>3 wks.</b>	c. CITY OR TOWN <b>Kewanee</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K. O. H.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>311-S-Tremont St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Verdie</b> b. (Middle) <b>W.</b> c. (Last) <b>NEWMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22, 1956</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>Nov. 1, 1899</b>		9. AGE (In years last birthday) <b>56</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>D. O.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Osteopath Phys</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kewanee, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Charles Newman</b>		13b. MOTHER'S MARRIAGE NAME <b>Matilda Anderson</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>- UK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Verdie Newman</b> ADDRESS <b>311-S-Tremont St, Kewanee, Ill</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 min</b>	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral hemorrhage</b>		<b>3 min</b>	
		DUE TO (c) <b>cerebral arteriosclerosis</b>		<b>unknown</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary sclerosis</b>			

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) <b>331X</b>	
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 **May**, 19**55**, to **Aug 22, 1956** that I last saw the deceased alive on **Aug 22, 1956**, and that death occurred at **9:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Print or style) <b>M. J. Lutensohn</b>		23b. ADDRESS <b>Kirksville Mo</b>		23c. DATE SIGNED <b>8-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-24-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant View</b>	
24d. LOCATION (City, town, or county) (State) <b>Kewanee, Ill.</b>		DATE REC'D BY LOCAL REG. <b>8-22-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paris &amp; Paris</b>		ADDRESS <b>Kirksville, Mo.</b>			

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

17216 29 1956

JUN 8 1962

OCT 17 1953

OCT 4 1956

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 *Robert B. Harris*

Licensed Embalmer No. *4219*  
P. O. Address *Kirksville,*

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.