

STANDARD CERTIFICATE OF DEATH

State File No. **36972**

FILED DEC 12 1956

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, 401 Frisco		c. LENGTH OF STAY (In this place) 8 mos.		c. CITY OR TOWN St. Louis		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 Elsie's Rest Home				e. STREET ADDRESS (If rural, give location) 2009				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Roney c. (Last) Newman			4. DATE OF DEATH (Month) (Day) (Year) 12-7-1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8, 1874		
9. AGE (In years last birthday) 82-		IF UNDER 1 YEAR Months 8 Days 29		IF UNDER 18 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger			10b. KIND OF BUSINESS OR INDUSTRY Paperhanger		11. BIRTHPLACE (City and State or Foreign Country) State of Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Fred Newman			13b. MOTHER'S MAIDEN NAME Susan Jarvis			14. NAME OF HUSBAND OR WIFE Mary Ann Newman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Newman, St. Louis, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic glomerulonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 days ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x					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 Mar 12, 1956 to 12-7, 1956 , that I last saw the deceased alive on 12-5, 1956 , and that death occurred at 2:35 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE F. L. Edwards MD (Degree or title)				23b. ADDRESS Monett, Mo		23c. DATE SIGNED 12-7-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-8-1956		24c. NAME OF CEMETERY OR CREMATORY Laural Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 12-7-56		REGISTRAR'S SIGNATURE Mrs. P. D. Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mercer Funeral Home, Monett, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-203

DATE REC. 12-10-56

VS APR 14 1967

MS APP-11

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 Roy H. Mercer

Licensed Embalmer No. 44

P. O. Address Monett

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.