FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37117
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1270

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2220 Dewey Ave. — Length of stay in Ib: 53 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2220 Dewey Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: CARL Middle: Last: NEWBURN
4. DATE OF DEATH: Month Nov. Day 27 Year 1956
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: June 20, 1886
9. AGE (In years last birthday): 70 — 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): Ret. Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop
11. BIRTHPLACE (City and state or country): Bolckow, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: William L. Newburn, Address: Kewanee, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: unable to say
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — years
DUE TO (c): Pulmonary fibrosis + emphysema — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Right lung removed for bronchogenic carcinoma, 8 years ago
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4500
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9/24/56 to 11/26/56 and last saw her/him alive on 11/13/56
Death occurred at unable to state m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Donald J. Stallard (Degree or title) M.D.
22b. ADDRESS: 902 Edmond St. City
22c. DATE SIGNED: 11/28/56
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/29/1956
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St Joseph Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 30, 1956
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 46

P. O. Address 3196 10th A

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