

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41305

FILED DEC 24 1956

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 5544 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Howard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R. F. D. Higbee Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Burton Twp</u> <u>R. F. D. Higbee Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Home.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>0645 1/2 Farm</u>		
3. NAME OF DECEASED (Type or print) <u>First Middle Last</u> <u>Daniel Oscar Newman</u>			4. DATE OF DEATH <u>Month Day Year</u> <u>Dec 16 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 20 1874</u>	9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Factory Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Howard Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13. FATHER'S NAME <u>John Newman</u>			14. MOTHER'S MAIDEN NAME <u>Dont Know.</u>		
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 <u>Mrs Willie Robb. R. F. D. Higbee</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive Heart, Right</u>					<u>unknown</u>
DUE TO (c) <u>Arteriosclerosis</u>					<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>6-29-56</u> to <u>12-16-56</u> and last saw <u>him</u> alive on <u>12-16-56</u> Death occurred at <u>1:00 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Per Y. Brohinson, D.O.</u>			22b. ADDRESS <u>Higbee Mo.</u>		22c. DATE SIGNED <u>12-17-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Log Chappel</u>		23d. LOCATION (City, town, or county) (State) <u>Howard Co Mo</u>
24. FUNERAL DIRECTOR <u>Burton Funeral Home, Higbee Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-20-56</u>		26. REGISTRAR'S SIGNATURE <u>Mary H. Shell</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

REC'D

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 Charles T. Lankum, Student Embalmer No. 5 working under ~~my~~ personal supervision..

Student Charles T. Lankum
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 39

P. O. Address Glasgow

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.