

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033646
State File No.

FILED SEP 29 1958

BIRTH NO.		REG. DIST. NO. <u>221</u>	PRIMARY REG. DIST. NO. <u>4381</u>	Registrar's No. <u>208</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hopkins</u>)		c. LENGTH OF STAY (in this place) (township) <u>41 years</u>	c. CITY OR TOWN <u>Hopkins</u> <u>0740</u>	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 <u>None</u>		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>Marion</u>	c. (Last) <u>New</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1958</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 16, 1885</u>		9. AGE (In years last birthday) <u>72</u>
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & O. Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mohawk, Ind</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William New</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Regina Dillon</u>		14. NAME OF HUSBAND OR WIFE <u>Letha New</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495 05 9680</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Letha New, Hopkins, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myocardial occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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? <u>2</u> 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>9/19 1958</u> to <u>9/20 1958</u> that I last saw the deceased alive on <u>9/20, 1958</u> and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>C. W. King (M.D.)</u>		23b. ADDRESS <u>Hopkins Mo</u>		23c. DATE SIGNED <u>9/21/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>
24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Emanson</u> ADDRESS <u>Hopkins, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-24-58</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		

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

1968 OCT 8 8964

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 *Stanley Swanson*.....
Licensed Embalmer No. 3963.....

P. O. Address Hopkins, Mo.....

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.