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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001940
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Aurora — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 416 E. College — Length of stay in Hospital: Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora 0551 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 416 E. College — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BYRON Middle: OTHO Last: NEWBERRY

4. DATE OF DEATH Month: Jan. Day: 28 Year: 1959

5. SEX: Male 6

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 17, 1892

9. AGE (In years last birthday): 66 — 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. Telephone Emp.

10b. KIND OF BUSINESS OR INDUSTRY: Bell Telephone

11. BIRTHPLACE (City and state or country): Monett, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John B. Newberry

13b. MOTHER'S MAIDEN NAME: Missouri Ann Hill

14. NAME OF HUSBAND OR WIFE: Jerelene Newberry

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.: 488-07-5948

17. INFORMANT: Jerelene Newberry; Address: Aurora, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Carcinoma of the Left Lung with extension + metastasis — INTERVAL BETWEEN ONSET AND DEATH: 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____
DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 16.3X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 May 9 1958 to January 28, 1959 and last saw ~~her~~ him alive on January 27, 1959
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth L. Kelsey M.D.

22b. ADDRESS: Aurora, Mo.

22c. DATE SIGNED: 1/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/31/59

23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery

23d. LOCATION (City, town, or county) (State): Aurora, Missouri

24. FUNERAL DIRECTOR: Arnold's Funeral Home; ADDRESS: Aurora, Mo.

25. DATE RECD. BY LOCAL REG.: 1/31/59

26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 9 1959

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 Irwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.