

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59-038797

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. — Registrar's No. 369

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ADAIR</u>		Length of stay in 1b		a. STATE <u>Missouri</u> b. COUNTY <u>ADAIR</u>		Inside Limits	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>ADAIR</u>				c. CITY OR TOWN <u>ADAIR</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi W. ADAIR</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>1 mi W. ADAIR</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GRACE</u> Middle <u>NEWMAN</u> Last <u>NEWMAN</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 31, 1891</u>	9. AGE (last birthday) <u>68 yrs</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Knox County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN H. BLACK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA KILDAY</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES NEWMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-30-9724</u>		17. INFORMANT <u>Miss Francis Black</u> Address <u>Kirksville Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Heart Disease (Presumably)</u>						<u>unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>						<u>unknown</u>	
DUE TO (c) <u>Ageing</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.		
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>							
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>none (Coroner's Case)</u> and last saw <u>her</u> <u>him</u> alive on <u>December 3rd or 4th, 1959</u> m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>December 3rd or 4th, 1959</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>			22b. ADDRESS <u>800 W. Jefferson, Kirksville, Mo.</u>			22c. DATE SIGNED <u>12/8/59</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 9, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>		23d. LOCATION (City, town, or county) <u>Adair</u>		(State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Brashear, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-9-1959</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

V. H. CASNER, D.O.

VS OCT 5 1960

JAN 12 1960

STATEMENT BY LICENSED EMBALMER

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

or by Kenneth Rogers, Student Embalmer No. 580

working under my personal supervision.

Student Kenneth Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Elm, 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.