

RD DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031213

ED VS AUG 31 1960

178

78

STATE FILE NUMBER

-Registration District No. 178 Primary Registration District No. Registrar's No. 78

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| 1. PLACE OF DEATH a. COUNTY LEWIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LEWIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN REDDISH TWSP. | | Length of stay in 1b XXXXXXX | c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. No. Lewistown | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5 mi. No. Lewistown Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First MINNIE Middle MAY Last NEWBERRY | | | 4. DATE OF DEATH Month AUGUST Day 19, Year 1960 | | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/31/79 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXX | 11. BIRTHPLACE (City and state or country) CLARK CO., MISSOURI | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME TAYLOR YOUNG | 13b. MOTHER'S MAIDEN NAME SARAH JUSTICE | 14. NAME OF HUSBAND OR WIFE JOHN NEWBERRY |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXXXXXX | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT EULA WELLS | Address LEWISTOWN, MISSOURI |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiovascular insufficiency</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>6 mths</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year e.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 *May 10 1960* to *Aug 19 1960* and last saw ^{her}him alive on *May 15 1960*
Death occurred at *6:00 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>Dr. C. E. Todd M.D.</i> | 22b. ADDRESS <i>Lewistown Mo.</i> | 22c. DATE SIGNED <i>8/21/60</i> |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8/21/60 | 23c. NAME OF CEMETERY OR CREMATORY NEEPER | 23d. LOCATION (City, town, or county) (State) CLARK COUNTY, MISSOURI |
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| 24. FUNERAL DIRECTOR <i>Charles L. Arnold</i> | ADDRESS LEWISTOWN, MO. | 25. DATE RECD. BY LOCAL REG. 8-26-60 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MT

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