

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

133561-009024

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1335

STATE FILE NUMBER

AMENDED

FILED APR 6 1961

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>HENRY</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>   |  | Length of stay in 1b<br><b>52 days</b>  | c. CITY OR TOWN<br><b>BLAIRSTOWN</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT IN hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>  |  |   | d. STREET ADDRESS (If outside, give location)  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IRA</b> Middle <b>ADATR</b> Last <b>NEWMAN</b>  |  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>14</b> Year <b>1961</b>  |  |  |
| 5. SEX<br><del>sex</del> <b>MALE</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-30-94</b>  | 9. AGE (last birthday)<br><b>66</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Construction worker</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Henry County, Mo.</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                               |
| 13a. FATHER'S NAME<br><b>James Henry Newman</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Burke</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>--</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes</b> <b>WWI</b>   |  | 16. SOCIAL SECURITY NO.<br><b>---</b>   | 17. INFORMANT<br><b>VA Hospital Official Records, K.C. Mo.</b><br>Address  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinomatosis, primary undetermined</b>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 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)   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.   |  | Month, Day, Year  |  |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" 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 <b>January 21, 1961</b> to <b>March 14, 1961</b> .<br>Death occurred at <b>1:30</b> <b>A</b> .m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE<br><i>Robert W. Brown</i><br>(Degree or title)   |  |   | 22b. ADDRESS<br><b>VA Hospital, Kansas City, Mo.</b>   |  | 22c. DATE SIGNED<br><b>3-14-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE                              | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)  |  |
| <b>Burial</b>   | <b>3/15/1961</b>                       | <b>Blairstown Cemetery</b>  |  | <b>Blairstown Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons, Kansas City, Mo.</b>   |  | ADDRESS<br><b>1331 Brush Creek Blvd</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>3-15-61</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i>  |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Robt. W. Brown**

**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 John H. Kelsch

Licensed Embalmer No. 4949  
P. O. Address No. K.C. Mo.

**Notes:** 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.