

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-016848  
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 80

AMENDED

FILED MAY 20 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLADSTONE</u>		c. CITY OR TOWN <u>GLADSTONE</u>	
Length of stay in 1b <u>3 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1300 E 76<sup>th</sup> tw</u>		d. STREET ADDRESS (If outside, give location) <u>1300 E 76<sup>th</sup> tw</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle Last <u>NEWMAN</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>16</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-7-1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>T.W.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Cassidy, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Newman</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Louise Holoband VIA NEWMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. VIA NEWMAN</u>		Address <u>1300 E 76<sup>th</sup> tw</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. 17. INFORMANT <u>MRS. VIA NEWMAN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subarachnoid Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ruptured Aneurysm Basilar Artery</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
20c. TIME OF INJURY	Hour Month, Day, Year		
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>July 1959</u> to <u>May 16, 1961</u> and last saw <input checked="" type="checkbox"/> live on <u>May 16, 1961</u> Death occurred at <u>6:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Pateman, M.D.</u> (Degree or title)		22b. ADDRESS <u>6708 N. Oak, KC, Mo</u>	22c. DATE SIGNED <u>5-16-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-18-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Burlingame Cem</u>	23d. LOCATION (City, town, or county) <u>Burlingame, Kansas</u> (State)
24. FUNERAL DIRECTOR <u>Red Newman's Sons N.K.C. Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1961

JUN 22 1961

FEB 19 1962

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 W. Kalsbeek

Licensed Embalmer No. 4949  
P. O. Address No. Kansas

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.