

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001910

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 217

AMENDED

FILED JAN 25 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in 1b <u>42 yrs</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5517 Agnes</u> | | d. STREET ADDRESS (If outside, give location) <u>5517 Agnes</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Hannah Mae Newman</u> | | | 4. DATE OF DEATH Month Day Year <u>1-10-62</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</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>5-13-66</u> | 9. AGE (last birthday) <u>95</u> | 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) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Noah F. Dicks</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Hawk</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm Newman</u> | |

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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Clayton Newman</u> | Address <u>5517 Agnes K.C. Mo.</u> |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> | | <u>1 week</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Generalized Atherosclerosis</u> | |
| 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. <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 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 a.m. p.m. Month, Day, Year | | |

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|---|--|------------------------------|--------|-------|
| 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>Jan. 15 '62</u> to <u>Jan. 10 '62</u> and last saw ^{her} _{him} alive on <u>Jan. 10 '62</u> Death occurred at <u>4:25 P.</u> 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) <u>Alfred A. Caruso M.D.</u> | 22b. ADDRESS <u>924 - Linwood</u> | 22c. DATE SIGNED <u>1/13/62</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>1-13-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>-</u> |
| 23d. LOCATION (City, town, or county) <u>Plattsburg, Mo.</u> | (State) | |

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| 24. FUNERAL DIRECTOR <u>Lyon Funeral Home, Plattsburg, Mo.</u> | 25. DATE RECD. BY LOCAL REG <u>1-13-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.

Alfred A. Caruso

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 R. Bidmon
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.