

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042824

5908

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **E. Park Ellis**

<p><b>FILED DEC 10 1962</b></p> <p>1. PLACE OF DEATH a. COUNTY <u>Jackson</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u></p> <p>Length of stay in 1b <u>75 yrs</u></p>		<p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>514 1/2 Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES Monroe NEWHOUSE</u></p>			<p>4. DATE OF DEATH Month Day Year <u>11 - 22 - 62</u></p>	
<p>5. SEX <u>MALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-22-80</u> 9. AGE (last birthday) <u>82</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason (Retired)</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Benjamin F. Newhouse</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Penro</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>—</u></p>	<p>17. INFORMANT Address <u>Wm. H. Newhouse, 1013 S. Boeke, K.C. Kans</u></p>	
<p>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>Aorta - Duodenal Fistula with Massive Hemorrhage</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>				<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from <u>11-8-62</u> to <u>11-22-62</u> and last saw her/him alive on <u>11-22-62</u> Death occurred at <u>10:40</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title)</p>			<p>22b. ADDRESS</p>	<p>22c. DATE SIGNED <u>11-23-62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>11-24-62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> (State)</p>
<p>24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar</u> ADDRESS <u>20 W. Linwood K. C. Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>11-23-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

*[Handwritten signature]*

**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 \_\_\_\_\_

*[Handwritten signature]*

Licensed Embalmer No. 5038

P. O. Address K.C. 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.