

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

23628
State File No. 3102

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>24 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>416 EAST 75TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 EAST 75TH STREET</u>		d. STREET ADDRESS (If rural, give location) <u>416 EAST 75TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>FOREST</u> c. (Last) <u>NEWTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-14-1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-16-1886</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 6 MONTHS CLEANING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOR SALE</u>		11. BIRTHPLACE (State or foreign country) <u>WARRENSBURG MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JASPER E. NEWTON</u>		13b. MOTHER'S MAIDEN NAME <u>FLORENCE PARKER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. NELLE F. NEWTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELLE F. NEWTON</u> ADDRESS <u>416 EAST 75TH ST. KANSAS CITY MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>		ANTECEDENT CAUSES			154%
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) _____			
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-13-1950, to 2-15-1950 that I last saw the deceased alive on 2-13-1950 and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Lyndon Jr.</u> (Degree or title)		23b. ADDRESS <u>1027 E 75TH ST. KC MO</u>		23c. DATE SIGNED <u>7-15-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-17-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360*.....

Signed *Albert L. Savage*
Student Embalmer *360*

Signed *Edward M. Stoney*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.