V.S. No. 300
Rev. 10.48

0621

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1950

State File No. 27513

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2041 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (in this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown 0621
d. STREET ADDRESS (If rural, give location): 400 Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): LUTHER
c. (Last): NEWMAN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 11, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 18, 1895
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frank NEWMAN
13b. MOTHER'S MAIDEN NAME: MILLIE HANNERS
14. NAME OF HUSBAND OR WIFE: ORA LOU NEWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 493-03-9423
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: ORA LOU NEWMAN, Fredericktown, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5-21-50 to 8-11-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac asthma — unknown
DUE TO (c) Cause of above condition unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4342

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* August 11, 1950, *that I last saw the deceased alive on* August 11, 1950, *and that death occurred at* 5:05 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry Barron (Degree or title): MD
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 8-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-50
24c. NAME OF CEMETERY OR CREMATORY: Marcus Memorial Park Cem
24d. LOCATION (City, town, or county) (State): Madison County Missouri

DATE REC'D BY LOCAL REG.: 8-15-1950
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sam Najim, Jr., Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
AUG 25 1950
FILE No. 850-15

AUG 29 1950
AUG 29 1950
SEP 13 1950

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 .....
Student Embalmer

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.