

STANDARD CERTIFICATE OF DEATH

State File No. 5692

FILED FEB 21 1951

BIRTH NO. _____ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 47

1. PLACE OF DEATH
 a. COUNTY RANDOLPH
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBEELY, moe 25 tw.
 c. LENGTH OF STAY (In this place) 25 yrs.
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY RANDOLPH
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBEELY mo. 0883
 d. STREET ADDRESS (If rural, give location) 700 S 4th St.

3. NAME OF DECEASED
 a. (First) Victoria b. (Middle) _____ c. (Last) NEWBY
 4. DATE OF DEATH (Month) (Day) (Year) FEB - 12 - 51.

5. SEX MALE 6. COLOR OR RACE DAWK 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Aug-18-1884 9. AGE (In years last birthday) 66 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) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ALLEN GOODING 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE BERT NEWBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Bert Newby ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES: Hypertension
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. _____
 INTERVAL BETWEEN ONSET AND DEATH 4201

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) Mobeely Randolph Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Jan 1 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 4:30 p.m.; from the causes and on the date stated above.

23a. SIGNATURE J. J. Hammond (Degree or title) D.O. 23b. ADDRESS Mobeely Mo 23c. DATE SIGNED 2-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 14-51 24c. NAME OF CEMETERY OR CREMATORY Oakland 24d. LOCATION (City, town, or county) (State) Mobeely Mo

DATE REC'D BY LOCAL REG. 2-12-51 REGISTRAR'S SIGNATURE Leah Breckinridge FUNERAL DIRECTOR'S SIGNATURE Robert L. Carr ADDRESS _____

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

0883

JAN 21 1959

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-391
Date Filed: FEB 19 1951

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

Robert D. Carr

Licensed Embalmer No. *3190*

P. O. Address *Mokey 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.