

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29722**

FILED SEP 29 1951

BIRTH NO. _____		REG. DIST. NO. <b>55</b>		PRIMARY REG. DIST. NO. <b>5798</b>		Registrar's No. <b>92</b>			
1. PLACE OF DEATH a. COUNTY <b>CARROLL.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton, Trotter</b>		c. LENGTH OF STAY (in this place) <b>504.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton Trotter</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. 3.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No.</b>				3. NAME OF DECEASED a. (First) <b>NANCY</b> b. (Middle) <b>Ann</b> c. (Last) <b>NEWNHAM</b>					
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 21 1951</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>APRIL-17-1874</b>		9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>			
11. BIRTHPLACE (State or foreign country) <b>CARROLL County MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GOWAN C. C.</b>		13b. MOTHER'S MAIDEN NAME <b>American Powell</b>			
14. NAME OF HUSBAND OR WIFE <b>LYMAN NEWNHAM, Dec</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chas Newnham</b> ADDRESS <b>Carrollton, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Failure of heart muscles</b> ANTECEDENT CAUSES (b) <b>due to decrease of food &amp; water from parasites</b> DUE TO (c) <b>two years duration</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>352x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Sept 21, 1951</b> , to <b>Sept 21, 1951</b> , that I last saw the deceased alive on <b>Sept 21, 1951</b> , and that death occurred at <b>3 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. Hamilton Waters M.D. Carrollton, Mo.</b>				23b. ADDRESS <b>Carrollton, Mo.</b>		23c. DATE SIGNED <b>Sept 29</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept-28-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Boyard, MO.</b>			
DATE REC'D BY LOCAL REG. <b>9/23/51</b>		REGISTRAR'S SIGNATURE <b>W. Herbert Calvert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. A. Dickerson</b>		ADDRESS <b>Boyard, Mo.</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. H. Dickerson

Licensed Embalmer No. 2534

P. O. Address Boyard 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.