

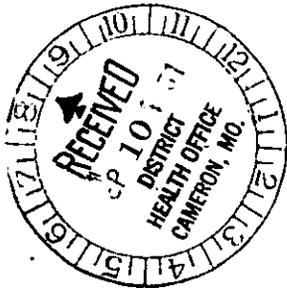
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30052**

FILED SEP 20 1951

BIRTH NO.		REG. DIST. NO. <b>132</b>	PRIMARY REG. DIST. NO. <b>3021</b>	Registrar's No. <b>118</b>
1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GRUNDY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1014 Crowder Road</b>		d. STREET ADDRESS (If rural, give location) <b>1014 Crowder Road</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MONTRO</b>		b. (Middle) <b>NEWTON</b>		c. (Last) <b>NEWTON</b>
4. DATE OF DEATH <b>AUGUST 18, 1951</b>		5. SEX <b>MALE</b>		
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>May 11, 1875</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 4 HRS. Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>MERCER COUNTY, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>JASPER NEWTON</b>		
13b. MOTHER'S MAIDEN NAME <b>CAUALDA BUTCHERWTON</b>		14. NAME OF HUSBAND OR WIFE <b>CALLEE RENTRO NEWTON</b>		
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 <b>MR HARRY HENDRICKSON</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>Paralysis agitans</b>  ANTECEDENT CAUSES 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. <b>350X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>
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 <b>Several years</b> , 19____, that I last saw the deceased alive on <b>Aug. 17, 1951</b> , and that death occurred at <b>12:35 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Trenton, Missouri</b>		23c. DATE SIGNED <b>8-19-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/20/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>N.W. Trenton, Grundy, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		
DATE REC'D BY LOCAL REG. <b>8/20/51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Trenton, Mo.</b>

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Charles D. Sipean.....

Licensed Embalmer No. 3109.....

P. O. Address Trenton, Missouri.....

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.