

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4340

State File No. _____

FILED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>01</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>3</u>
1. PLACE OF DEATH a. COUNTY <u>Highway accident, Clay Co.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Highway 69</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1304 1/2 E. 9th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Junior</u> c. (Last) <u>Newkirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>Oct. 30, 1924</u>	
9. AGE (In years last birthday) <u>26</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Taxicab Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>taxi driver</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Scott Newkirk</u>		13b. MOTHER'S MAIDEN NAME <u>Florence O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Nadine Newkirk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.S. Newkirk</u> ADDRESS <u>Trenton Mo</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fracture</u> ANTECEDENT CAUSES <u>Auto-accident.</u> 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.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Slipped</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Factory of Dept. of Clay Co.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton, Mo. Clay Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 6 - 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto collision</u>
22. I hereby certify that I attended the deceased from <u>Jan 6, 1952</u> , to <u>Jan 8, 1952</u> , that I last saw the deceased alive on <u>Jan 8, 1952</u> , and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>1-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Excelsior Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/7/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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

02420

MAR 19 1938

MAR 19 1938

MAR 5 1938

MAR 19 1938

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 *Emil Kapp*

Licensed Embalmer No. *23458*

P. O. Address *Excelsior Springs, 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.