

STANDARD CERTIFICATE OF DEATH

State File No. 5884

FILED FEB 18 1952

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Nodaway b. CITY Maryville c. LENGTH OF STAY 1 week d. FULL NAME OF HOSPITAL OR INSTITUTION Armstrong Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Davies c. CITY OR TOWN Pattonsburg 1310 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) TILFORD b. (Middle) c. (Last) NEWMAN 4. DATE OF DEATH (Month) (Day) (Year) 2 13 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 1876 9. AGE (In years last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason - retired 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) Pattonsburg, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Newman 13b. MOTHER'S MAIDEN NAME Sarah Bowman 14. NAME OF HUSBAND OR WIFE Mary Newman, dec.

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

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis ANTECEDENT CAUSES Cerebral arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crystalline hyaline DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 3 7 9

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) 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 Feb. 8, 1952, to Feb. 13, 1952, that I last saw the deceased alive on Feb. 8, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. 23b. ADDRESS Maryville, Missouri 23c. DATE SIGNED 2/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/13/52 24c. NAME OF CEMETERY OR CREMATORY Pattonsburg 24d. LOCATION (City, town, or county) (State) Pattonsburg, Missouri

DATE REC'D BY LOCAL REG. 2-15-52 REGISTRAR'S SIGNATURE Less Holt 229 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Manville 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.