

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16672
2306

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN J.C. Mo
c. LENGTH OF STAY (In this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION J.C. Gen Hosp

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Missouri
b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 2455 Bales 36

3. NAME OF DECEASED
a. (First) Effie b. (Middle) E. c. (Last) Newhart
(Type or Print) Effie E. Newhart
4. DATE OF DEATH (Month) (Day) (Year) May 19-52

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov 19-1871 9. AGE (In years) (Last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.C.

13a. FATHER'S NAME John Roak 13b. MOTHER'S MAIDEN NAME Corrie Madson 14. NAME OF HUSBAND OR WIFE James H. Newhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Corrie Leigh - J.C. Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac dilatation & decompensation
DUE TO (c) Myocarditis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
1 wk.
6 yrs
4222

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 Nov, 1946, to May, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 8:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE Lee E. Roak (Degree or title) 23b. ADDRESS 4116 Strong RPKs 23c. DATE SIGNED 5/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/20/52 24c. NAME OF CEMETERY OR CREMATORY Greenwood 24d. LOCATION (City, town, or county) (State) Clay Center Kansas

DATE REC'D BY LOCAL REG. 5-20-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Capt. Lee - J.C. 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 _____

Licensed Embalmer No. 29555

P. O. Address 1100 Ind

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.