

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34261

State File No.

S. No. 300 FILED NOV 3 1952
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Missouri Methodist Hospital</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2220 Dewey Ave.</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Lillian</p>	b. (Middle) <p style="text-align: center;">Alice</p>	c. (Last) <p style="text-align: center;">Newburn</p>	(Month) <p style="text-align: center;">October</p>	(Day) <p style="text-align: center;">28,</p>	(Year) <p style="text-align: center;">1952</p>
5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">February 2, 1891</p>		9. AGE (In years last birthday) <p style="text-align: center;">61</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">machine operator</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">overall factory</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">St. Joseph, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>					

13a. FATHER'S NAME <p style="text-align: center;">Henry Blum</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">unk.</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Carl</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <p style="text-align: center;">491-10-5154</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Carl Newburn, 2220 Dewey Ave., St. Joseph, Mo.</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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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		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">4 years</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cancer of Cervix</p>		ONE YEAR on 7/1
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">General metastasis</p> DUE TO (c) <p style="text-align: center;">anemia</p>		
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 <p style="text-align: center;">171X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p style="text-align: center;">✓</p>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 15, 1952, to Oct 28, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 8:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">Colles R. ...</p>	23b. ADDRESS <p style="text-align: center;">Kemp ...</p>	23c. DATE SIGNED <p style="text-align: center;">Oct 28 52</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">10/30/1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Olivet Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Oct 30, 1952</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Carl C. Castle</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Heaton-Bowman Funeral Home</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 5 1952

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S 10th St Joseph, 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.