

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37945**

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5198** Registrar's No. **96**

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

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Carroll		
b. CITY OR TOWN Rural "Trotter Twp"		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural "Trotter Twp"		d. STREET ADDRESS (If rural, give location) 6 mi. W. of Carrollton
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. W. of Carrollton			d. STREET ADDRESS (If rural, give location) 6 mi. W. of Carrollton		
3. NAME OF DECEASED (Type or Print) JOHN WOOD NEWMAN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Apr. 7, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: YEAR _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Calloway Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Newman		13b. MOTHER'S MAIDEN NAME Mary Ann Hart		14. NAME OF HUSBAND OR WIFE _____	
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. none)	17. INFORMANT'S SIGNATURE OR NAME J. L. Newman		ADDRESS Carrollton 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of old age ANTECEDENT CAUSES Age 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 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) 79th x Carrollton Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 June 1, 1952 to Nov. 9, 1952 , that I last saw the deceased alive on Nov 9, 1952 , and that death occurred at 4 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE H. Hamilton States (Degree or title) _____			23b. ADDRESS Carrollton Mo		23c. DATE SIGNED Nov 10
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1952	24c. NAME OF CEMETERY OR CREMATORY Powell Cem.	24d. LOCATION (City, town, or county) (State) Carroll Co Mo		
DATE REC'D BY LOCAL REG. 11/10/52	REGISTRAR'S SIGNATURE Ms Herbert Calvert	45-0	25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson ADDRESS Carrollton Mo		

(Licensed Embalmer's Statement on Reverse Side)

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.