

NOV 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39288

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>169</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S.</u>		c. LENGTH OF STAY (in this place) <u>)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S. 0531</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Lebanon Mo. Rt. 2</u>				
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>			a. (First)		b. (Middle) <u>Newkirk</u>		c. (Last)	
4. DATE OF DEATH <u>Nov. 11 1952</u>		a. (Month)		b. (Day)		c. (Year)		
5. SEX <u>F</u>		6. COLOR OR RACE <u>-W-</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 1 1883</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Charels Froelich</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Pfifer</u>			14. NAME OF HUSBAND OR WIFE <u>Will Newkirk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Newkirk</u> ADDRESS <u>Lebanon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Hypertensive cardiovascular disease 10 yrs</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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 <u>2-25</u> 19 <u>49</u> , to <u>11-11</u> 19 <u>52</u> , that I last saw the deceased alive on <u>11-11</u> 19 <u>52</u> , and that death occurred at <u>11:00</u> AM from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul A. Jenkins MD</u> (Degree or title)				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>11-14-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 13 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-17-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon Mo.</u>				

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

Received NOV 2 1952
Laclede County Health Unit
File No. 11-52-161
Date Filed NOV 2 9 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 ~~277~~ J. R. Palmer

Licensed Embalmer No. 2308

P. O. Address Lebanon, 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.