

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

44298

State File No.

No. 300 FILED DEC 29 1952
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6199</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CLINTON TWP</u>		c. LENGTH OF STAY (in this place) <u>20yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CLINTON TWP</u> <u>1070</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4miles NE of Mtn Grove.</u>				d. STREET ADDRESS (If rural, give location) <u>4miles N.E. of Mtn Grove.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>GLENN</u>		c. (Last) <u>NEWTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 8 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Febr 4, 1898</u>		9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>PIERSON, MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ABNER NEWTON</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE GURNEY</u>		14. NAME OF HUSBAND OR WIFE <u>VERBA MARTIN NEWTON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>497.22 5345</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verba Martin Newton, Mtn Grove, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART DISEASE</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</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) (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 <u>10-26-</u> , 19 <u>52</u> , to <u>12-8-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-8-</u> , 19 <u>52</u> , and that death occurred at <u>12.30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. D. ...</u>				23b. ADDRESS <u>Mtn. Grove Mo.</u>		23c. DATE SIGNED <u>12-9-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-23-52</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u>		ADDRESS <u>Mtn Grove, MO</u>		

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

JAN 7 1953

DEC 31 1952

JAN 7 1953
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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

Russell Parker

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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.