

FILED FEB 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 5131

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Pleasant Hill		c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill	
c. LENGTH OF STAY (In this place) 7 years		d. STREET ADDRESS (If rural, give location) 125 N. Randolph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 125 N. Randolph			

3. NAME OF DECEASED (Type or Print) a. (First) OTIS		b. (Middle) S.		c. (Last) NEWHARD		4. DATE OF DEATH (Month) (Day) (Year) 2-3-1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-17-1866	
9. AGE (In years last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clarkville, Iowa	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Newhard		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Amy A. Newhard	
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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Brannock	
				ADDRESS Pleasant Hill, 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) <u>Acute influenza</u>		INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 481X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebrovascular arteriosclerosis with mild cerebrovascular accidents</u>		5 yrs.	

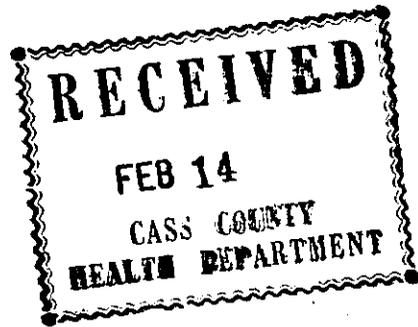
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 10-18-47 to 2-2-53, that I last saw the deceased alive on 2-2-1953, and that death occurred at 8:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. ... M.D.</u>		23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 2-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-1953		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
				24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.	

DATE REC'D BY LOCAL REG. Feb 8, 1953		REGISTRAR'S SIGNATURE <u>Dora Barward</u> 457-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen ...</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



FEB 15 1962

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 Allen W. Brown

Licensed Embalmer No. 3785

P. O. Address Plum Hill, 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.