

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>987</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY - <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>2626 Ashland Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2626 Ashland Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2626 Ashland Ave.</u>				
3. NAME OF DECEASED (Type or Print) <u>John M. Newlee</u>			a. (First) <u>M.</u> b. (Middle) c. (Last) <u>Newlee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>February 24, 1861</u>		
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. banker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Liberty, Missouri</u>		
13a. FATHER'S NAME <u>Charles A. Newlee</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Huff</u>			14. NAME OF HUSBAND OR WIFE <u>Dora B.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. -----			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minetry Jones</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		
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) (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>Sept 7, 1953</u> , to <u>Sept 7, 1953</u> , that I last saw the deceased alive on <u>Sept 7, 1953</u> , and that death occurred at <u>8:20 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Collis P. Rounley M.D.</u>				23b. ADDRESS <u>2307 Cherry Street Bldg</u>		23c. DATE SIGNED <u>Sept 8-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/9/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Eathen M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Dep. Reg. Heaton</u>		ADDRESS <u>Bowman Funeral Home</u> <u>St. Joseph, Mo</u>		

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

For. J. ...

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. 493

working under my personal supervision.

Student *Richard D. Collins*
Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. 3804

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

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.