

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10909

State File No. ....

FILED MAY 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>MEXICO</b>		c. LENGTH OF STAY (in this place) <b>6 YRS.</b>	c. CITY OR TOWN <b>MEXICO</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1317 OMAR ST.</b>		STREET ADDRESS (If rural, give location) <b>1317 OMAR ST. MEXICO, MO.</b>	

3. NAME OF DECEASED (Type or Print) <b>ALBERT ALLEN</b>	a. (First)	b. (Middle)	c. (Last) <b>NEWBROUGH</b>	4. DATE OF DEATH <b>5-4-55</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-12-1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE COUNTY, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ROBERT NEWBROUGH</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MCGEE</b>	14. NAME OF HUSBAND OR WIFE <b>CLARA NEWBROUGH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CLARA NEWBROUGH</b> ADDRESS <b>MEXICO, MO.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>	DUPLICATE OF (b) <b>Arteriosclerosis - hypertensive</b>	<b>1 wk</b>
ANTECEDENT CAUSES	DUPLICATE OF (c) <b>7 age</b>		<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS	<b>blindness</b>		<b>5 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1947 to 1955, that I last saw the deceased alive on 4-30, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mellinbach</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>119 E. Jackson Mexico, Mo. May 5, 1955</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-7-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EAST LAWN MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>MEXICO, MO.</b>
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DATE REC'D BY LOCAL REG. <b>May 6-1955</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl J. ... Mexico Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *Earl E. Puckett*

Licensed Embalmer No..... 318

P. O. Address..... MEXICO, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.