

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32093**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Kirksville	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) 202-E-McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 806-S-Florence			

3. NAME OF DECEASED (Type or Print) a. (First) ZACHARIAH		b. (Middle)		c. (Last) McNEW		4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 2, 1895	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer helper		10b. KIND OF BUSINESS OR INDUSTRY Transfer Bus.		11. BIRTHPLACE (State or foreign country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Benjamin McNew		13b. MOTHER'S MAIDEN NAME Nancy Fugate		14. NAME OF HUSBAND OR WIFE -----	
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. ?		17. INFORMANT'S SIGNATURE OR NAME Mr. R. H. McNew, Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) H201	

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 2-1, 1955, to 10-20, 1955, that I last saw the deceased alive on 10-20, 1955, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Martin M.D. Kirksville, Mo. 10-28-55		23b. ADDRESS		23c. DATE SIGNED	
---	--	--------------	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-28-55		24c. NAME OF CEMETERY OR CREMATORY Stukey Cemetery		24d. LOCATION (City, town, or county) (State) Adair Co; Missouri	
--	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 11-4-55		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Naris & Naris		ADDRESS Kirksville, Mo.	
--	--	--	--	--	--	-----------------------------------	--

(Licensed Embalmer's Stamp put on Reverse Side)

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

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 Robert B. Harris.....

Licensed Embalmer No. 4219.....

P. O. Address Kirkville, Missouri.....

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.