

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1956

State File No. 1530

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ja	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 1224 W 36th st. 70050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Indep San. & Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) EARLE	b. (Middle) STROTHER	c. (Last) NEWHOUSE	4. DATE OF DEATH (Month) (Day) (Year) Jan 11 56
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 6 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Rail road	11. BIRTHPLACE (City and State or Foreign Country) Griggsville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Newhouse	13b. MOTHER'S MAIDEN NAME Adelaide Strother	14. NAME OF HUSBAND OR WIFE Lillian Newhouse
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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. 702-12-1143	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Newhouse Indep. Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5-6 days - months -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease & pulmonary embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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) m.	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 Jan 6th, 1956, to Jan 11th, 1956, that I last saw the deceased alive on Jan 10th, 1956, and that death occurred at 12⁰⁰ P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Gardner	23b. ADDRESS Independence Mo.	23c. DATE SIGNED 1-13-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-56	24c. NAME OF CEMETERY OR CREMATORIUM Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo
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DATE REC'D BY LOCAL REG. 1-14-56	REGISTRAR'S SIGNATURE James [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OTT & MITCHELL Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1956

FEB 28 1958

MAY 2 1958

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..... Jason T. White

Licensed Embalmer No. 492

P. O. Address Indef. Va

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.