

FILED FEB 6 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 1758No. 300  
10.46

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>164</u>   |  | PRIMARY REG. DIST. NO. <u>3032</u>  |  | Registrar's No. <u>14</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>   |  | c. LENGTH OF STAY (in this place) <u>Life</u>   |  | c. CITY OR TOWN <u>Warrensburg</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>411 N. Maguire</u> <u>05120</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Mollie</u>  |  | b. (Middle) <u>Lee</u>  |  | c. (Last) <u>Newkirk</u>  |  |
|   |  |   |  | 4. DATE OF DEATH  |  | (Month) (Day) (Year)<br><u>Jan. 22 1956</u>   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |  | 8. DATE OF BIRTH <u>April 25 1870</u>   |  |
|   |  |   |  |   |  | 9. AGE (In years last birthday) <u>85</u>   |  |
|   |  |   |  |   |  | IF UNDER 1 YEAR Months Days   |  |
|   |  |   |  |   |  | IF UNDER 24 HRS. Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co. Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Thomas H. Daniels</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Adams</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>John B. Newkirk Deceased</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>no</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Newkirk Warrensburg Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephrosistis</u><br>ANTECEDENT CAUSES <u>Hypertension</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 month</u><br><u>5 yrs</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>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) m.  |  | 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>Jan 3, 1956</u> , to <u>Jan 22, 1956</u> , that I last saw the deceased alive on <u>Jan 22, 1956</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>M.D.</u>   |  |   |  | 23b. ADDRESS <u>Warrensburg Mo.</u>   |  | 23c. DATE SIGNED <u>Jan 23 1956</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>1-25-56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Knobnoster Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>Jan. 24, 1956</u>   |  | REGISTRAR'S SIGNATURE <u>Savannah Creekfield</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 30 1956  
NEGATIVE

JOHNSON COUNTY HEALTH DEPT.

**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 *J. Earl Priest*

Licensed Embalmer No. *387*

P. O. Address *W. W. W. W.*

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.