

7885

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Webster</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY <b>Elkhart</b>		
b. CITY (If outside corporate limits, write RURAL and give OR Rural Ozark Township (ownership) TOWN <del>Webster</del> <b>Ozark Township</b> )		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Elkhart</b>		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			e. STREET ADDRESS (If rural, give location) <b>142 Pacific</b> <span style="float: right;">81308</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>R.</b> c. (Last) <b>Newman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 12, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>13 August 1933</b>		9. AGE (In years last birthday) <b>22</b> 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) <b>Soldier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John B. Newman</b>		13b. MOTHER'S MAIDEN NAME <b>Maybell (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>US Army Doctor G. B. Milligan, Major, MSC, Ft. Leonard Wood, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ASPHYXIA</b>	ANTECEDENT CAUSES				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <b>CARBON MONOXIDE POISONING</b>				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>8919</b> <b>46</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>COUNTRY</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>117</b> (COUNTY) (STATE) <b>OZARK TOWNSHIP, WEBSTER MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2-12-56</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>ASPHYXIATION IN CLOSED CAR.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>Dr.</b>			23b. ADDRESS <b>Manassas, Va.</b>		23c. DATE SIGNED <b>2/12/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb 13 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elkhart Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Elkhart Indiana</b>		
DATE REC'D BY LOCAL REG. <b>2-17-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hedges Funeral Homes Inc Crocker Mo</b>		

(Licensed Embalmer's Statement 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.....  
Signature of Student Embalmer

Signed.....  
*Clarence E. Morse*

Licensed Embalmer No... *4891*

P. O. Address... *Waymouth*

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.