

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-017557
 State File No.

FILED MAY 28 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL UNION</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>BELTON 0190</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY RD Y - 4 MI SOUTH BELTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>RICHARDS-GEBAUR A.F.B.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>	b. (Middle) <u>ADOLPH</u>	c. (Last) <u>NEWMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-58</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 11 - 1939</u>	9. AGE (in years last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S.A.F.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.A.F.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BUFFALO NEW YORK</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ADOLPHE NEWMAN</u>	13b. MOTHER'S MAIDEN NAME <u>PEGGY (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>PATRICIA ANN NEWMAN</u>
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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) <u>YES 8-29-56-5-15-58</u>	16. SOCIAL SECURITY NO. <u>119-28-3738</u>	17. INFORMANT'S SIGNATURE OR NAME <u>USAF RECORDS</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auto accident</u>		
	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	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>019</u> (COUNTY) <u>Cass</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 15 58 11:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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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 11:30 P m., from the causes and on the date stated above.

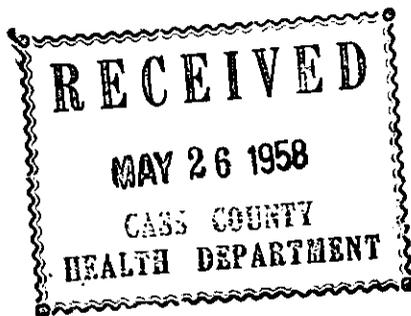
23a. SIGNATURE (Degree or title) <u>Bernard Jander (Cramer) 3</u>	23b. ADDRESS <u>Plains Hall, Mo</u>	23c. DATE SIGNED <u>5/11/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-17-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cemetery, Buffalo</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo New York</u>
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DATE REC'D BY LOCAL REG. <u>May 18, 1958</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Berger Sons and Grandview</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 29 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 *Richard E. Deary*.....

Licensed Embalmer No. *3958*

P. O. Address *Betty M. 2*

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.