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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000644
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Smithville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Smithville Community Hosp. — Length of stay in 1b: 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Edgerton — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 5 miles South of Edgerton — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Peyton Middle: Stonewall Last: Newman

4. DATE OF DEATH Month Day Year: Jan. 14, 1959

5. SEX: Ma

6. COLOR OR RACE: Wh

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Jan. 17, 1864

9. AGE (In years last birthday): 94 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Platte County, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peyton Newman

13b. MOTHER'S MAIDEN NAME: Susan Woodard

14. NAME OF HUSBAND OR WIFE: Nancy Jane Miller

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.: None

17. INFORMANT: Irvin Newman — Address: Edgerton, Mo. RFD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Dry GANGRENE Right leg	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis Obliterans	10 yrs.
DUE TO (c)	GENERALIZED Arteriosclerosis	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NONE

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19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1956, to Jan 14, 1959 and last saw him alive on Jan. 14, 1959
Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David B. Chiles M.D.

22b. ADDRESS: Smithville, Mo.

22c. DATE SIGNED: Jan 16, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-16-59

23c. NAME OF CEMETERY OR CREMATORY: Ridgeley Cemetery

23d. LOCATION (City, town, or county) (State): Platte County, Missouri

24. FUNERAL DIRECTOR: McComas Funeral Home — ADDRESS: Smithville, Mo.

25. DATE RECD. BY LOCAL REG.: 1-16-59

26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JAN 21
CLAY C
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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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

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.