THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009582
STATE FILE NUMBER

Filed APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1470

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran — Length of stay in Hospital: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Prairie Village, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4906 West 72nd Terr. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: SIDNEY Middle: Last: NEWBURGER SR.

4. DATE OF DEATH: Month Day Year: March 19, 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARITAL STATUS**: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 17, 1874

9. AGE (In years last birthday): 84 — 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): Retired Mgr. Intl. Tag & Salesbook Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Abram Newburger
13b. MOTHER'S MAIDEN NAME: Lulu Whitney
14. NAME OF HUSBAND OR WIFE: Blanche Newburger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Spanish American
16. SOCIAL SECURITY NO.: 495-05-3967
17. INFORMANT: Sidney Newburger Jr. Address: Prairie Village, Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute suppurative tracheobronchitis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary emphysema — 2 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to cause given in PART I (a): Chronic congestive heart failure - Cause undetermined - 2 years duration
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 August, 1957 to March 19, 1959 and last saw him alive on March 19, 1959
Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the cause stated.

22a. SIGNATURE: Chester F. Fee (Degree or title): M.D.
22b. ADDRESS: 8023 Santa Fe Drive, Overland Park, Kans.
22c. DATE SIGNED: 3-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Johnson County Memorial Gardens
23d. LOCATION (City, town, or county) (State): Johnson County, Kansas

24. FUNERAL DIRECTOR: FREEMAN MORTUARY ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-20-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Chester F. Fee

NI 24515

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.