

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021763

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. Registrar's No. 104

FILED JUN 20 1961

1. PLACE OF DEATH
 a. COUNTY Laclede
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Floridge Length of stay in 1b 3 years
 c. FULL NAME OF (if NOT in Hospital, give location) HOSPITAL OR INSTITUTION Nursing Home Cedar Grove Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Laclede
 c. CITY OR TOWN Lebanon Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Route 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First George Middle William Last Newkirk 4. DATE OF DEATH Month June Day 14 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-19-1875 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Gallatin, Tenn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isaac Newkirk 13b. MOTHER'S MAIDEN NAME Emma Allen 14. NAME OF HUSBAND OR WIFE Minnie Froehlick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Miss. Margaret Newkirk, Lebanon, Address

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 dilatation of Heart INTERVAL BETWEEN ONSET AND DEATH 3 days
 DUE TO (b) Blood pressure drop pump
 DUE TO (c) Kidney shut down
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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 March 1951 June 14, 1961 and last saw him alive on June 11, 1961
 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paula Jenkins M.D. 22b. ADDRESS Knight Bldg. Lebanon, Mo 22c. DATE SIGNED 14 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-17-61 23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery 23d. LOCATION (City, town, or county) (State) Lebanon, Missouri

24. FUNERAL DIRECTOR Douglas M. M... Lebanon, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 6-15-1961 26. REGISTRAR'S SIGNATURE Hella B. May

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James Douglas Grinstead

Licensed Embalmer No. 5099

P. O. Address Lebanon, 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.