

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12746

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 935

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY OR TOWN <i>Rural - Walker</i>		c. CITY OR TOWN <i>California Trust</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <i>0680</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>GLADYS</i> c. (Last) <i>NEWKIRK</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 5 1954</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>	8. DATE OF BIRTH <i>Mar. 29 - 1905</i>	9. AGE (In years last birthday) <i>49</i>	10. UNDER 1 YEAR <i>0</i>	11. UNDER 1 HRS. <i>5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Moniteau County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Thomas Harris Wright</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Clark</i>	14. NAME OF HUSBAND OR WIFE <i>Mourne Newkirk</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>495-05-8790</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mourne Newkirk</i> ADDRESS <i>California Mo</i>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure and complications ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Calcium deposits</i> DUE TO (c) <i>Primary site cancer</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Primary site cancer</i>	19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>171 X</i>

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan*, 19*54* to *April 5*, 19*54*, that I last saw the deceased alive on *April 5*, 19*54*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Reverend P. D. Taylor</i> (Degree or title)	23b. ADDRESS <i>M.A. Jefferson City, Mo</i>	23c. DATE SIGNED <i>4-16-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 6 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Flag Spring Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>California Mo. Rural.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E. Williams</i>	ADDRESS <i>California Mo</i>
DATE REC'D BY LOCAL REG. <i>4-10-54</i>	REGISTRAR'S SIGNATURE <i>Helen S. Pacey</i>	506

(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..... *Hugh E. Williams*

Licensed Embalmer No... 35

P. O. Address... *Califa*

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