

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35733**

BIRTH NO. _____ **REG. DIST. NO.** 223 **PRIMARY REG. DIST. NO.** 4334 **Registrar's No.** 48

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Latham</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Latham</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		e. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
3. NAME OF DECEASED a. (First) <u>ELSIE</u> b. (Middle) <u>BYRD</u> c. (Last) <u>NEWKIRK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 13, 1884</u>
9. AGE (In years last birthday) <u>68</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau County, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Bond</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hutchinson</u>	14. NAME OF HUSBAND OR WIFE <u>Wade Newkirk (Dead)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vest Newkirk, K.C. Missouri</u>
			ADDRESS
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) <u>Cancer of stomach c. metastasize into the lungs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 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) _____		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 <u>4.5</u> , 19 <u>52</u> , to <u>Oct. 16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 2</u> , 19 <u>52</u> , and that death occurred at <u>9: P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Francis Farwyder M.D.</u>		23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>Oct. 18, 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moreau Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>3 Miles E. Tipton, Mo</u>
DATE REC'D BY LOCAL REG. <u>10/24/52</u>	REGISTRAR'S SIGNATURE <u>Mrs. F. W. Scott</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>	ADDRESS <u>Tipton, MO</u>

S. No. 300 FILED OCT 25 1952

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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
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Sipton, 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 this body is not embalmed, fact should be so stated above.