

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2394**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 17

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Libertyville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Libertyville</u> | |
| c. LENGTH OF STAY (In this place) <u>30 yrs</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farmington, Mo. R.R. #3</u> | | d. STREET ADDRESS (If rural, give location) <u>Farmington, R F D # 3</u> | |

| | | | | | |
|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED a. (First) <u>Clarinda</u> b. (Middle) <u>Newberger</u> c. (Last) <u>Newberger</u> | | | 4. DATE OF DEATH <u>January 14, 1949</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>September 27, 1899</u> | 9. AGE (In years last birthday) <u>49</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

| | | | | | |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Henry Gray</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clarinda Gray</u> | | 14. NAME OF HUSBAND OR WIFE <u>Adam Newberger</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>L. V. Pickard; Farmington, Mo., R R #3</u> | |

| | | | | | | | |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|--|--|--|--|----------------------------------|--|

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>334</u> | | | | 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 August, 1947, to Sept, 1947, that I last saw the deceased alive on Sept, 1947, and that death occurred at 1 A.M., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>M. Langhorne M.D.</u> | | 23b. ADDRESS <u>Farmington, Mo.</u> | | 23c. DATE SIGNED <u>1-14-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/15/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u> | |

| | | | | | | | |
|---|--|--|--|---|--|--------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>1-15-1949</u> | | REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> | | ADDRESS <u>Farmington, Mo.</u> | |
|---|--|--|--|---|--|--------------------------------|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

74
8
J

RECEIVED

Health Officer No. 4

File Number 149-12

Filed 1-24-49

received

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Bud J Miller*

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.