

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23640

STATE FILE NUMBER

783

FILED JUL 22 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1332 No. 12th St.		Length of stay in lb Most Life		d. STREET ADDRESS (If outside, give location) 1332 No. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle OKLE Last NEWTON				4. DATE OF DEATH Month July Day 14 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 11, 1893	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0 Days 14 Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Hotel Robidoux	
11. BIRTHPLACE (City and state or country) Carrollton Missouri				12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME Ray Newton				14. MOTHER'S MAIDEN NAME Hattie Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-24-5722		17. INFORMANT Address Mrs. Mildred Newton St. Joseph, Mo.			
18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Primary - Stomach & Pancreas DUE TO (c) _____ 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)						INTERVAL BETWEEN ONSET AND DEATH 6 mo 7	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-1-57 to 6-20-57 and last saw HE him alive on 6/24/57 Death occurred at 4:10A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mr. Bruce M.D.				22b. ADDRESS St. Joseph Mo.		22c. DATE SIGNED 7/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-16-57		23c. NAME OF CEMETERY OR CREMATORY Thornton Cemetery		23d. LOCATION (City, town, or county) (State) Near Clarksdale Missouri	
24. FUNERAL DIRECTOR Stamey Funeral Home				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 19, 1957	
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard embalmers' certificates. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Charles E. Bennett*

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

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.