

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022953

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 296 Primary Registration District No. 6019 Registrar's No. 16

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Orrick</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Buckner</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Mi. SW of Orrick</b>		Length of stay in lb <b>30 days</b>	70 <sup>40</sup> STREET ADDRESS (If outside, give location) <b>0</b>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Jell</b> Last <b>Newell</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Male</b> <input type="checkbox"/> <b>White</b> <input type="checkbox"/>	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 24, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Hand</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>69</b>
13a. FATHER'S NAME <b>Marcus Newell</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Hulckby</b>	9. AGE (In years last birthday) <b>69</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO.	9. AGE (In years last birthday) <b>69</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		11. BIRTHPLACE (City and state or country) <b>Buckner, Missouri</b> <input type="checkbox"/> <b>U.S.A.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
DUE TO (b) _____		14. NAME OF HUSBAND OR WIFE <b>Susie Newell</b>	
DUE TO (c) _____		17. INFORMANT <b>Susie Newell 11317 E. 14 Independence Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>4201</b>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> him alive on _____ Death occurred at <b>1:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Thomas W. Cook, M.R. Coroner 3</b>	
22a. SIGNATURE (Degree or title) <b>Thomas W. Cook, M.R. Coroner 3</b>		22b. ADDRESS <b>Richmond, Missouri</b>	
22c. DATE SIGNED <b>7/2/58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Mecklin</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 5, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mecklin</b>		23d. LOCATION (City, town, or county) (State) <b>Near Oak Grove Missouri</b>	
24. FUNERAL DIRECTOR <b>Wilbur H. Coffey</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-58</b>	
24. FUNERAL DIRECTOR <b>Wilbur H. Coffey</b>		26. REGISTRAR'S SIGNATURE <b>Helen J. Laska</b>	

JUL 28 1958

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 J. Tyb*

Licensed Embalmer No. *4534*  
P. O. Address *Liberty MD*

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.