

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11067**
Registrar's No. _____

Registration District No. **416**

Primary Registration District No. **5-71**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Sarcoxis Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **77** (Specify whether
In this community **70 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Sarcoxis Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Laura Katherine Newlen**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **January 16 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **7** If less than one day
hr. min.

9. Birthplace **Illinois** / (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Benjamin Rimmer**

13. Birthplace **Illinois** / (City, town, or county) (State or foreign country)

14. Maiden name **Amanda Smith**

15. Birthplace **Illinois** / (City, town, or county) (State or foreign country)

16. (a) Informant **John Newlen**

(b) Address **Sarcoxis, Mo**

17. (a) **Burial** (b) Date thereof **3/25/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harvey Cemetery**

18. (a) Signature of funeral director **Roland C. Engelage**

(b) Address **Sarcoxis, Missouri**

19. (a) **March 25 - 1941** (b) **Mrs. Lura Broadaway**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
year **1941** hour **4:10** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Mar 20 1941**
Mar 20 1941, to **Mar 23** 1941;
that I last saw h. alive on **Mar 22** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza, Influenza, Cardiac decompensation**
Cardiac decompensation
Cardiac decompensation

Due to **Cardiac decompensation**
Cardiac decompensation

Due to **Senility**
Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J.E. Hillman** (M.D. or other) **DO**
Address _____ Date signed _____

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.