

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18482

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 22

1. PLACE OF DEATH. a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>E.</u> c. (Last) <u>Newton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 3, 1901</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Hartsville, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Tyre L. Newton</u>		13b. MOTHER'S MAIDEN NAME <u>May James</u>	14. NAME OF HUSBAND OR WIFE <u>Golda Scarborough Newton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Golda Newton Mt. Grove Mo</u>
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>Spinal Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>16 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Do Do</u> DUE TO (c) <u>✓ ✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓ ✓</u>	
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) (Min)		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>Jan 1, 1944</u> , to <u>May 30, 1949</u> that I last saw the deceased alive on <u>May 29, 1949</u> , and that death occurred at <u>S.A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. G. Frame M.D.</u>		23b. ADDRESS <u>Mountain Grove, Mo</u>	
23c. DATE SIGNED <u>6-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-49</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber Mtn. Grove Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6 CR 507

RECEIVED

District Health Officer No. 6,

District File Number: 6-2A 9 + 6.4 3

Date Filed 6-9-49

JUN 15 1949

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.

Student
Student Embalmer

Student Embalmer No. _____

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address New Grove, Ill

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.

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