

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

31017

State File No.

FILED SEP 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>99</u>		
1. PLACE OF DEATH <u>still - Hillcrest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hudson-Rural</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>		a. STATE <u>Texas</u>		
b. CITY OR TOWN <u>Hudson-Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Highland Park</u>		d. STREET ADDRESS (If rural, give location) <u>3838 Normandy</u>		b. COUNTY <u>Dallas</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>3838 Normandy</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>Martha</u>			b. (Middle) <u>Newsom</u>			c. (Last) <u>McLynn</u>		
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, OR DIVORCED (Specify)			8. DATE OF BIRTH		
7. MARRIED, NEVER MARRIED, OR DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>Sept. 16, 1911</u>			9. AGE (In years last birthday) <u>37</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			9. AGE (In years last birthday) <u>11</u> 30		
11. BIRTHPLACE (State or foreign country) <u>Dallas, Texas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>W. R. Newsom</u>			13b. MOTHER'S MAIDEN NAME <u>Olga D. Farrar</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>unknown</u>			17. INFORMANT'S SIGNATURE OR NAME <u>W. R. Newsom</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suicide (suicide)</u>				<u>sudden</u>	
*This does not mean the mode of death, such as heart failure, anemia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				<u>yes</u>	
			DUE TO (b) <u>Psychoneurotic</u>					
			DUE TO (c)					
			II. OTHER SIGNIFICANT CONDITIONS				<u>6970 B</u>	
			Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Macon Hudson Macon, Mo.</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Hudson Macon, Mo.</u>		
21d. TIME OF INJURY (Month), (Day), (Year), (Hour) <u>Evening into Aug 15 1949</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Took the drug</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>59</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. S. Stokes, M.D. (Coroner)</u>				23b. ADDRESS <u>Excella, Mo</u>		23c. DATE SIGNED <u>8-15-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grove Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>		
DATE REC'D BY LOCAL REG. <u>8/13/49</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Himmelman</u>				
				ADDRESS <u>Macon</u>				

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

6106

SPD 9/20/49

CT 5 1949

OCT 20 1949

RECEIVED 9/20/49
MACON CO. HEALTH
COUNTY FILE NO. 2
DATE FILED 9/20/49

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
Student Embalmer

Signed Albert Skinner

Licensed Embalmer No. 756

P. O. Address Macon 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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Texas
County of Dallas } ss.

State File No. 31017
Local Registrar's No. 98

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of October, 1949, before me appears W. R. Newsom

, who, upon his oath, states that the original record of ^{birth} death
for Martha Newsom McLynn ^{died} August 15, 1949 in the State of
^{born} Missouri, and which was filed at Macon, Missouri on , 19 , should be corrected as follows:

Item No. 7 should read Divorced

Instead of Married

Item No. 14 should read None

Instead of Carl R. McLynn

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant WR Newsom Father
Relationship.

3838 Normandy, Highland Park,
Dallas, Texas.
Present Address.

Subscribed and sworn to before me this 17th day of October, 1949.

My Commission expires June 1, 1951.

Ouida Curry Notary Public.
Ouida Curry, Notary Public, Dallas County,
Texas

