

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9626

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		1644	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>END. Chestnut Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Newborn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 - 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>about 65 years</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>65 years</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u>	11. BIRTHPLACE (State or foreign country) <u>ILL</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>John H. Newborn</u>		13b. MOTHER'S MAIDEN NAME <u>Nemora Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Newborn</u> ADDRESS <u>1108 1/2 S. 11th Hannibal 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>Verdict of Jury:</u>  ANTECEDENT CAUSES To an unavoidable accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by walking into the side of a moving stock truck, driven by Keith Hill of Milton Iowa</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>68124</u> <u>25</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>119</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/8/1950 10:10 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile (Struck by)</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at <u>10:10 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Crawford Smith Coroner</u>			23b. ADDRESS <u>902 Broadway Hannibal Mo</u>		23c. DATE SIGNED <u>3/16/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>3-21-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. W. Luelle, Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Od Council Hannibal Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 24 1950  
MARION O. HEALTH DEPT.  
DATE FILED MAR 27 1950

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 Michael J. O'Donoghue

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

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.