

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17178

State File No.

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give town or township) Carterville		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (in this place) 3wks		c. CITY (If outside corporate limits, write RURAL and give township) Carterville		d. STREET ADDRESS (If rural, give location) 120 East Daugherty			
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 East Daugherty St.							
3. NAME OF DECEASED (Type or Print)		a. (First) NELLIE		b. (Middle) BIRDIA		c. (Last) NEWLAND	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF DEATH May 14, 1950		8. DATE OF BIRTH Sept. 5, 1876		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country) Davis County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marion Davis		13b. MOTHER'S MAIDEN NAME Jane Ridinger	
14. NAME OF HUSBAND OR WIFE O. C. Newland		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME O. C. Newland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion				4201	
		ANTECEDENT CAUSES					
		DUE TO (b) In Sarcot Coronary Artery DUE TO (c) Chronic Myocarditis					
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)		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>5-13</u> , 19 <u>50</u> , to <u>5-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>50</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. Forbes				23b. ADDRESS Carterville, Missouri		23c. DATE SIGNED 5-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-16-50		24c. NAME OF CEMETERY OR CREMATORY Kids Cemetery		24d. LOCATION (City, town, or county) (State) St Clair County Missouri	
DATE REC'D BY LOCAL REG. May 16 1950		REGISTRAR'S SIGNATURE J. L. ...		25. FUNERAL DIRECTOR'S SIGNATURE J. L. ...		ADDRESS Hedge Lewis Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-23-50

Jasper County Health Office

County File Number 50-5-418

Date Filed 5-23-50

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.

Signed Edward J. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Wills City, 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.