

No. 48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17815

State File No.

BIRTH NO. _____ REG. DIST. NO. 2913 PRIMARY REG. DIST. NO. 6003 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Rath Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rath Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R# Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>R#4 Hannibal</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>P</u> c. (Last) <u>Newlon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1950</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>March 23, 1894</u>
9. AGE (In years last birthday) <u>76</u>		<u>1</u> YEAR <u>28</u> MONTHS	<u>0</u> HOURS <u>28</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>A. S. Newlon</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Schultz</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie</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 ADDRESS <u>Lottie Newlon, R#4 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4-9-50</u> , 19 <u>50</u> , to <u>4-20-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-20-50</u> , 19 <u>50</u> , and that death occurred at <u>1:02</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>A. L. Greaves, M.D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>4-27-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenview Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri MO</u>		DATE REC'D BY LOCAL REG. <u>May 1 1950</u>	
REGISTRAR'S SIGNATURE <u>M. J. Waters</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Hannibal Mo</u>	

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

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RECEIVED MAY 30 1950
District Health Officer No. 10
District File Number 5-50-906
Date Filed _____

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'Rourke

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.