No. 300
10.48

FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22459

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 90

100

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Tanner) 6115
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 Sikeston, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sikeston 6115 1000
d. STREET ADDRESS (If rural, give location): Route 1 Sikeston, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Lee
c. (Last): Newton

4. DATE OF DEATH (Month) (Day) (Year): June 1 1950

5. SEX: Male 6
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Renter
11. BIRTHPLACE (State or foreign country): Mayfield, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George H. Newton
13b. MOTHER'S MAIDEN NAME: Rebecca Blalock
14. NAME OF HUSBAND OR WIFE: Minnie Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Roy L. Newton Marston, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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: 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* First Call after death, *to* _____, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 2:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Pog 3 Coroner
23b. ADDRESS: Sikeston Mo.
23c. DATE SIGNED: 6/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: June 1, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mound Cemetery
24d. LOCATION (City, town, or county) (State): New Madrid County, Missouri

DATE REC'D BY LOCAL REG.: June 6-50
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 4.24
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H.S.Smith Funeral Home C'ville.Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1950

RECEIVED JUN 12 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 650-56

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 W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caratherville 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.