

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1950

State File No. **27309**
Registrar's No. **142**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579**

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE Missouri b. COUNTY ATCHESON | |
| b. CITY (If outside corporate limits, write RURAL and give township) Webb Rural | | c. CITY (If outside corporate limits, write RURAL and give township) Rock Port | |
| c. LENGTH OF STAY (In this place) 1 month | | d. STREET ADDRESS (If rural, give location) NO DATA | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION JASPER CO. TB. HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hoss | | b. (Middle) E. | |
| c. (Last) NEWTON | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 1, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN. 4, 1890 |
| 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (State or foreign country) Wright County, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME JOHN NEWTON | | 13b. MOTHER'S MAIDEN NAME ORLENA FAIRL | |
| 14. NAME OF HUSBAND OR WIFE UNKNOWN | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS | |
| 17. ADDRESS | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ACUTE CORONARY OCCLUSION | |
| 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity 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. PULMONARY TUBERCULOSIS | | INTERVAL BETWEEN ONSET AND DEATH INSTANT 42A/A 1 YEAR | |
| 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) (Min.) | | 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 7-27, 1950 , to 9-1, 1950 , that I last saw the deceased alive on 9-1, 1950 , and that death occurred at 7:30A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) D. Douglas M.D. | | 23b. ADDRESS Apex Co. TB. Hosp. Webb Co. Mo | |
| 23c. DATE SIGNED 9/1/50 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE Sept 3, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Rockport Cemetery, Rockport, Mo. | |
| 24d. LOCATION (City, town, or county) Rockport, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Bertram | |
| 25. ADDRESS Rockport, Mo. | | DATE REC'D BY LOCAL REG. Sept 30 | |
| REGISTRAR'S SIGNATURE W. H. Hatcher | | 1137 | |

(Licensed Embalmer's Statement on Reverse Side)

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

490

RECEIVED 9-5-50
Jasper County Health Office

County File Number 50-8-646

Date Filed 9-5-50

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.

Student Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No. 2405

P. O. Address *Woff 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.