No. 300
10.48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29243

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Ozark Township
c. LENGTH OF STAY (In this place): Traveling
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
d. STREET ADDRESS (If rural, give location): R. R. I SPRINGFIELD

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGIL
b. (Middle): LLOYD
c. (Last): NEWKIRK

4. DATE OF DEATH (Month) (Day) (Year): AUG 2 - 50

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: DEC. 5 - 1928
9. AGE (In years last birthday): 21
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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LABOR
11. BIRTHPLACE (State or foreign country): SPRINGFIELD MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES W. NEWKIRK
13b. MOTHER'S MAIDEN NAME: GOLDA MURPHY
14. NAME OF HUSBAND OR WIFE: DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: SIDNEY NEWKIRK
ADDRESS: STRAFFORD MO

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) Basil Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Ex 8234

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Automobile accident — 32
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 112
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway E
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webster Rural Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 2 - 50. 6:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: One car accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. K. Kelley (Degree or title): Coroner
23b. ADDRESS: Fordland Mo
23c. DATE SIGNED: 8-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/7/50
24c. NAME OF CEMETERY OR CREMATORY: BELLEVIEW CEM.
24d. LOCATION (City, town, or county) (State): NEAR SPFLD. MO.

DATE REC'D BY LOCAL REG.: 8/14/50
REGISTRAR'S SIGNATURE: J Francis D 392
25. FUNERAL DIRECTOR'S SIGNATURE: J. W. KLINGNER & CO
ADDRESS: SPFLD. MO

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 18 1950
Dist File 850-994
Date 8-19-50

AUG 21 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.

Signed Max Rhodes

Signed _____
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.