

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30600**

FILED SEP 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 147

192  
0

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City, Mo</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Purcell, Mo.</b>   |  |
| c. LENGTH OF STAY (In this place) <b>1 Wk</b>   |  | d. STREET ADDRESS (If rural, give location) <b>/</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>                                |  |  |  |

|                                     |                         |                          |                         |   |
|-------------------------------------|-------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>James</b> | b. (Middle) <b>Wiley</b> | c. (Last) <b>Newton</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 16 1951</b> |
|-------------------------------------|-------------------------|--------------------------|-------------------------|---|

|                    |                               |   |                                      |   |                                 |                                |  |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|--------------------------------|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>April 5 1882</b> | 9. AGE (In years last birthday) <b>69</b> | 10 UNDER 1 YEAR <b>5</b> Months | 11 UNDER 1 HR. <b>11</b> Hours | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|--------------------------------|--|

|   |                                    |   |  |
|---|------------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mill Man</b> | 10b. KIND OF BUSINESS, OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Joplin, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|------------------------------------|---|--|

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|--|---|---|
| 13a. FATHER'S NAME <b>Hood H. Newton</b> | 13b. MOTHER'S MAIDEN NAME <b>Alice Owen</b> | 14. NAME OF HUSBAND OR WIFE <b>Stella Newton (Wife)</b> |
|--|---|---|

|  |                         |   |                            |
|--|-------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Stella Newton</b> | ADDRESS <b>Purcell Mo.</b> |
|--|-------------------------|---|----------------------------|

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|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>24 days</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br>DUE TO (c) <b>4201</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) m. | 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 Aug 22, 1951, to 9-16, 1951, that I last saw the deceased alive on 9-15, 1951, and that death occurred at 12:30 m., from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>J. J. Gregory</b> (Degree or title) | 23b. ADDRESS <b>No 2 Wesley Mo</b> | 23c. DATE SIGNED <b>9/17/51</b> |
|---|------------------------------------|---------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Sept 18 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Purcell Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Purcell Missouri</b> |
|---|-------------------------------|--|---|

|  |   |   |                         |
|--|---|---|-------------------------|
| DATE REC'D BY LOCAL REG. <b>Sept 18 1951</b> | REGISTRAR'S SIGNATURE <b>J. L. Hutcherson</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston Arnee Simson</b> | ADDRESS <b>Mortuary</b> |
|--|---|---|-------------------------|

RECEIVED 9-25-51  
Jasper County Health Office

County File Number 9/51/729

Date Filed 9-26-51

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 *Harvey E. Amice*

Licensed Embalmer No. 4463

P. O. Address *Webb 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.