

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37997**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 130

556  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Vernon, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville, Mo.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>                             |  | d. STREET ADDRESS (If rural, give location) <b>814 S. Osteopathy</b>  |  |

|                                     |                           |                            |                          |  |
|-------------------------------------|---------------------------|----------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>William</b> | b. (Middle) <b>Raymond</b> | c. (Last) <b>Newcomb</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 1, 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>Dec. 30, 1901</b> | 9. AGE (In years last birthday) <b>49</b> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 15 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|----------------------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b> | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|--|---|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>William David Newcomb</b> | 13b. MOTHER'S MAIDEN NAME <b>Nellie Stites</b> | 14. NAME OF HUSBAND OR WIFE <b>Elizabeth Irene Newcomb</b> |
|---|--|--|

|   |                                     |  |                                |
|---|-------------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson</b> | ADDRESS <b>Mt. Vernon, Mo.</b> |
|---|-------------------------------------|--|--------------------------------|

|   |   |  |  |
|---|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>abt 2 mths</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |  |
| 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?<br>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 **Nov. 1, 1951**, to **Nov. 1, 1951**, that I last saw the deceased alive on **Nov. 1, 1951**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

|   |                   |                                     |                                 |
|---|-------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>P. A. Brashers M.D.</b> | (Degree or title) | 23b. ADDRESS <b>Mt. Vernon, Mo.</b> | 23c. DATE SIGNED <b>11-2-51</b> |
|---|-------------------|-------------------------------------|---------------------------------|

|  |                          |   |   |
|--|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>11-1-51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Kirksville, Missouri</b> |
|--|--------------------------|---|---|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <b>Nov 7, 1951</b> | REGISTRAR'S SIGNATURE <b>Cecil R. ...</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>MERCER FUNERAL HOME</b> | ADDRESS <b>Monett, Mo.</b> |
|---|---|---|----------------------------|

DEC 19 1951

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 7 1951

Dist. File 1151-2002

Date Filed 11-14-51

NOV 17 1951

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed Roy B Mercer.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4432.....

P. O. Address Monett, Missouri.....

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.