S. No. 300
V. 10.48

REG. #100,279
XC-11-689 525
FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11495

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6096 Registrar's No. 644

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS., MO.
c. LENGTH OF STAY (In this place): 13 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADM. HOSPITAL

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

3120

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): S.
c. (Last): NEWTON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 9, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 1/1/10
9. AGE (In years last birthday): 42 — 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): GOV'T. HIGH-LIFT OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): EUREKA SPRINGS, ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: EDWARD NEWTON
13b. MOTHER'S MAIDEN NAME: EDITH SAYERS
14. NAME OF HUSBAND OR WIFE: - - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF BRKS., 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) LOWER NEPHRON NEPHROSIS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPOTENSION, PROLONGED
DUE TO (c) CARCINOMA OF ESOPHAGUS

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 150X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
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): VA
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* 2/25 *19*52, *to* 3/9, *19*52, *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: VAH, JEFF BRKS., MO.
23c. DATE SIGNED: 3/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-10-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Cowden, Ill.

DATE REC'D BY LOCAL REG.: 3-10-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
SW (Licensed Embalmer's Statement on Reverse Side)

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

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 John L. Dennehy

Signed.....
Student Embalmer

Licensed Embalmer No. 4194

P. O. Address.....

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.