

5. No. 300  
v. 10.48

01432

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5034**

FILED MAR 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **95**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Calloway</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>  |  | c. CITY OR TOWN <b>Hannibal</b> <sup>0644</sup>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>STATE HOSPT No 1 Fulton</b> |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>                     |  |
| e. STREET ADDRESS (If rural, give location) <b>2001 Gordon St</b>   |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>E</b> c. (Last) <b>NEWBERRY</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 28 1953</b> |  |  |
|---|--|--|--|--|--|

|                    |                               |   |                                     |   |                                     |                             |
|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------------|-----------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b> | 8. DATE OF BIRTH <b>Oct 23 1881</b> | 9. AGE (In years last birthday) <b>71</b> Months <b>4</b> Days <b>5</b> | IF UNDER 1 YEAR Hours <b>5</b> Min. | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------------|-----------------------------|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Day Laborer</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

|  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| 13a. FATHER'S NAME <b>Lewis E Newberry</b> | 13b. MOTHER'S MAIDEN NAME <b>DK</b> | 14. NAME OF HUSBAND OR WIFE <b>DK</b> |
|--|-------------------------------------|---------------------------------------|

|  |                                   |   |
|--|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>DK</b> | 16. SOCIAL SECURITY NO. <b>DK</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hospital No 1 Fulton Mo</b> ADDRESS <b>Fulton 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</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) _____ |  |                                  |
| 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 <b>4222</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **2-1**, 1953, to **2-28**, 1953, that I last saw the deceased alive on **2-28**, 1953, and that death occurred at **4:20 p** m., from the causes and on the date stated above.

|   |                               |                                 |
|---|-------------------------------|---------------------------------|
| 23a. SIGNATURE <b>J. J. Fowler M.D.</b> (Degree or title) | 23b. ADDRESS <b>Fulton Mo</b> | 23c. DATE SIGNED <b>2 28 53</b> |
|---|-------------------------------|---------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>Mar 2-1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Robinson</b> | 24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo</b> |
|---|-----------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>Feb 28-1953</b> | REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b> <sup>426-0</sup> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo E Roberts</b> ADDRESS <b>Hannibal</b> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1955

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.....  
Signature of Student Embalmer

Signed *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.