

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30891**

FILED SEP 8 - 1953

1140
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6279		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY WRIGHT GASCONADE TWP.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL GASCONADE TWP		c. LENGTH OF STAY (In this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANSFIELD RR3, GASCONADE		1140			
d. FULL NAME OF HOSPITAL OR INSTITUTION RR3 MANSFIELD				d. STREET ADDRESS (If rural, give location) RR3. 5 MI So. HARTVILLE					
3. NAME OF DECEASED (Type or Print) a. (First) MAY		b. (Middle) EDITH		c. (Last) NEWTON		4. DATE OF DEATH (Month) (Day) (Year) 8 - 29 - 53			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3-30-1872			
9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) Brown County OHIO			
12. CITIZEN OF WHAT COUNTRY? AMERICAN		13a. FATHER'S NAME WM. JAMES		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE TYRE NEWTON (DEC.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John Newton ADDRESS RR3 MANSFIELD					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis (chronic) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X							
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) (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 6-10 , 1951, to 8-29 , 1953, that I last saw the deceased alive on 8-28 , 1953, and that death occurred at 4:45A m., from the causes and on the date stated above.									
23a. SIGNATURE John L. Simpson (Degree or title)				23b. ADDRESS Hartsville		23c. DATE SIGNED 9-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-30-53		24c. NAME OF CEMETERY OR CREMATORY STEELE MEN. Cem -		24d. LOCATION (City, town, or county) (State) HARTVILLE, MO			
DATE REC'D BY LOCAL REG. 9-2-1953		REGISTRAR'S SIGNATURE Garner		25. FUNERAL DIRECTOR'S SIGNATURE John L. Simpson ADDRESS Hartsville Mo					

RECEIVED SEP 5 1953
WRIGHT CO. HEALTH DEP.
County File Number 953-119
Date Filed 9-5-53

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 Glenn S. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield 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.