No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1953

State File No. 35249

BIRTH NO. 68918 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 290

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Cape Gir. 0161
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Alva~~ CHARLES
b. (Middle): WAYNE
c. (Last): NEWELL

4. DATE OF DEATH (Month) (Day) (Year): Oct 9, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct 7, 1953
9. AGE (In years last birthday): 3 days — IF UNDER 1 YEAR: Months / Days: 3 — IF UNDER 24 HRS.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Newell
13b. MOTHER'S MAIDEN NAME: Carma Jan Stearns
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ova Stearns Jackson — ADDRESS: 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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature Labor
DUE TO (c):

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1953, *to* Oct 9, 1953, *that I last saw the deceased alive on* Oct 9, 1953, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. N. Jaggers (Degree or title): MD
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Oct 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: New Salem
24d. LOCATION (City, town, or county) (State): Dany Mo.

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — **ADDRESS**: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Mi

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.