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48

STANDARD CERTIFICATE OF DEATH

10885

State File No.

FILED MAY 19 1954

BIRTH NO. REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 5945 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - N. Dillow
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Stoddard
c. CITY OR TOWN: Bell City, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1020 /

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Newkirk

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 30, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 11 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (City and State or Foreign Country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Simon Harry Newkirk
13b. MOTHER'S MAIDEN NAME: Clara Bell Nelson
14. NAME OF HUSBAND OR WIFE: none ~~Unknown~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): /
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: /
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ferndale Nursing Home - St James 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): Chronic myocarditis and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocardial degeneration / about 5 years
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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: 4222
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental 3-18-54
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* 5-4-/, 1954, *to* 5-8-/, 1954, *that I last saw the deceased alive on* 5-6-/, 1954, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Hammler, M.D.
23b. ADDRESS: St. James, Mo
23c. DATE SIGNED: 5-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10-1954
24c. NAME OF CEMETERY OR CREMATORY: Bell City Cemetery
24d. LOCATION (City, town, or county) (State): Bell City, Mo.

DATE REC'D BY LOCAL REG.: May 9 1954
REGISTRAR'S SIGNATURE: Ruth B. Pantle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Oral E. Lichlider - St James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed MAY 17 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ME, Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Orell E. Lickliter

Licensed Embalmer No. 34

P. O. Address St Jo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.