

No. 300
10.48

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31244

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2001 Gordon St</u>	

3. NAME OF DECEASED (Type or Print) <u>Loise Newberry</u>	a. (First) <u>Loise</u>	b. (Middle) <u>Newberry</u>	c. (Last) <u>Newberry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>March 9-1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>invalid</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>W. E. Newberry</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth King</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Thompson, Portland, Oregon.</u>	ADDRESS _____
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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, asphyxia, 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) <u>Peritonitis</u>		<u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Appendicitis</u> DUE TO (c) _____		<u>2 yrs</u>
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 <u>no operation 5501</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9-7, 1954, to 9-13, 1954, that I last saw the deceased alive on 9-13, 1954, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Hurdley, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hannibal</u>	23c. DATE SIGNED <u>9-21-54</u>
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24a. BURIAL CEMETERY <u>Burial</u>	24b. DATE <u>Sept. 20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal MO</u>
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DATE REC'D BY LOCAL REG. <u>9-22-54</u>	REGISTRAR'S SIGNATURE <u>Dr. C. M. Lucke By W. C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>	ADDRESS <u>Hannibal</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 1954

RECEIVED

MARSHALL O. HEALTH DEPT.

DATE FILED

SEP 29 1954

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 *Namib*

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.