

FILED SEP 22 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 31469

BIRTH NO. 163935-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Polaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polaski</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville</b>		c. LENGTH OF STAY (In this place) <b>5 HRS.</b>	c. CITY OR TOWN <b>Richland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville General Hosp.</b>			e. STREET ADDRESS (If rural, give location) <b>Gen Del 0850</b>		
3. NAME OF DECEASED (Type or Print) <b>Stanley</b>			a. (First)	b. (Middle) <b>Joe</b>	c. (Last) <b>Newell</b>
4. DATE OF DEATH	(Month)	(Day)	(Year)		
<b>9</b>	<b>12</b>	<b>'54</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>9/12/34</b>	9. AGE (In years last birthday)	# UNDER 1 YEAR
					Hour Days
					<b>3 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Waynesville, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Donald Newell</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Margaret Luttrell</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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 <b>George Donald Newell</b>	
				ADDRESS <b>Richland Mo</b>	
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) <b>Atelectasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 HRS</b>		
ANTECEDENT CAUSES			DUE TO (b) <b>Mucos in Respiratory Tract</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <b>Premature Infant</b>		
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			
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)	
				<b>7625</b>	
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 <b>9/12</b> , 19 <b>54</b> to <b>9/12</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9/12</b> , 19 <b>54</b> , and that death occurred at <b>9:25 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>A. O. DeWitt D.O.</b>			23b. ADDRESS <b>W. Waynesville - Mo</b>		23c. DATE SIGNED <b>Sept 13-1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. View Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Camden County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-14-54</b>	REGISTRAR'S SIGNATURE <b>Charles Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedger Funeral Home</b>		ADDRESS <b>Richland Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 9.18.54  
File Number  
City Health Office  
9.17.54

**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.. *Not Embalmed*

Student..... Signed... *Clarence Gross*  
Signature of Student Embalmer

Licensed Embalmer No... *489*

P. O. Address *Waynes*

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.