

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41457

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 247			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. LENGTH OF STAY (in this place) 1 MONTH		c. CITY OR TOWN CARTERVILLE		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 1640 SOUTH GARRISON				STREET ADDRESS (If rural, give location) 203 WEST MAIN 0490 1					
3. NAME OF DECEASED (Type or Print) MYRTLE HARBOUR NEWKIRK			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 13 1954						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 31, 1897		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6 Days 14	IF UNDER 24 HRS. Hour Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY		10b. KIND OF BUSINESS OR INDUSTRY SALES LADY		11. BIRTHPLACE (City and State or Foreign Country) MT VERNON, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME GEORGE F. HARBOUR		13b. MOTHER'S MAIDEN NAME GRACE FENTON		14. NAME OF HUSBAND OR WIFE GUY D. NEWKIRK					
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. 493-38-7933		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GUY D. NEWKIRK 203 MAIN CARTERVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastasis of carcinoma of the breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21d. TIME OF INJURY		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 12/3, 1954, to 12/13, 1954, that I last saw the deceased alive on 12/13, 1954, and that death occurred at 2:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles H. Shell M.D.				23b. ADDRESS 201 W. Third Carthage, Missouri		23c. DATE SIGNED 12/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-15-1954	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY MO				
DATE REC'D BY LOCAL REG. 12-17-54		REGISTRAR'S SIGNATURE My Clinton 139-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO					

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

MAR 3 1951

Case filed
MAR 7 1951

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 *Richard Gray Le*.....

Licensed Embalmer No. *44*.....

P. O. Address *W. E. Webb*.....

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.