

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30262**  
Registrar's No. **85**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Goodman</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>2600 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sales Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Sheridan</b> c. (Last) <b>Newell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13-1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 20, 1866</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Agent &amp; Telegraph Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Green Castle, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>John McElhaney-Newell</b>	13b. MOTHER'S MAIDEN NAME <b>Mahala Ann (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Newell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>702-12-0691</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth Newell</b>	ADDRESS <b>Goodman, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerosis, generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>4500</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 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) m.	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 **1947**, 19\_\_\_\_, to **Sept 13, 1955**, that I last saw the deceased alive on **Sept 13, 1945**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold C. Lentz, M.D.</b> (Degree or title)	23b. ADDRESS <b>Neosho, Mo.</b>	23c. DATE SIGNED <b>Sept 14, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/13/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Goodman, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9/14/55</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Rupp Anderson, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1955

NEWTON COUNTY HEALTH UNIT

RECORDED

Death Certificate No. \_\_\_\_\_

District \_\_\_\_\_

Date Filed SE 1955

NEOSHO, MISSOURI

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 .....  
Student Embalmer

Signed Carl Rapp \_\_\_\_\_

Licensed Embalmer No. 23458

P. O. Address Anderson, Missouri

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.