

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY BOLLINGER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville
c. LENGTH OF STAY (in this place) 2 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bond Nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY BOLLINGER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARBLE HILL
d. STREET ADDRESS (If rural, give location) 8090

3. NAME OF DECEASED
a. (First) Lee b. (Middle) _____ c. (Last) NEWELL

4. DATE OF DEATH (Month) (Day) (Year) 10-9-55

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Oct 25-1875

9. AGE (In years last birthday) 79
If under 1 year: Months _____ Days _____
If under 1 mo.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State of Foreign Country) Scopus Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Newell

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE None

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. No

17. INFORMANT'S SIGNATURE OR NAME Elizabeth Schrader ADDRESS State

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) Cardiovascular
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cardio Renal Vascular Disease
DUE TO (c) 442X
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 NO

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) _____

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 2/6 1954 to 10/8 1955, that I last saw the deceased alive on 10/7 1955, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE John Myers DO (Degree or title)

23b. ADDRESS Lutesville Mo

23c. DATE SIGNED 10/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-9-55

24c. NAME OF CEMETERY OR CREMATORY BOLLINGER CO. MEM.

24d. LOCATION (City, town, or county) (State) Lutesville MO

DATE REC'D BY LOCAL REG. Oct. 11-1955

REGISTRAR'S SIGNATURE Mrs. Buford Crader 520

25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward ADDRESS Lutesville Mo

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

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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

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.