

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14135

State File No.

BIRTH NO. REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>153 N Davis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Maurice</u> c. (Last) <u>Newlon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>never married</u>	8. DATE OF BIRTH <u>9-28-1909</u>
9. AGE (in years last birthday) <u>46</u>		IF UNDER 1 YEAR: Months <u> </u> Days <u> </u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>meter reader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Employee</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Maryville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Newlon</u>	
13b. MOTHER'S MAIDEN NAME <u>Nell Thornhill</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-01-5853</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ira Newlon-Maryville, Mo</u>		ADDRESS <u> </u>	
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) <u>Carcinoma of esophagus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X</u>	
19a. DATE OF OPERATION <u>Sub 6/9/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>		22. I hereby certify that I attended the deceased from <u>4/14, 1956</u> to <u>4/15, 1956</u> that I last saw the deceased alive on <u>4/15, 1956</u> and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B. S. Blair M.D.</u>		23b. ADDRESS <u>Maryville, Mo</u>	
23c. DATE SIGNED <u>4/15/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4/17/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Stinson</u>	
DATE REC'D BY LOCAL REG. <u>4 21 56</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Stinson</u>		ADDRESS <u>Maryville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1956

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 *G M Atkinson*

Licensed Embalmer No... 23

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.