

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19898

State File No. ....

FILED MAY 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 010

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR. - GASCONADE</u>		c. CITY OR TOWN <u>MANFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3. Mansfield</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOGAN</u>	b. (Middle) <u>Reed</u>	c. (Last) <u>Newton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 27, 1893</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Newton</u>	13b. MOTHER'S MAIDEN NAME <u>Euphates Linn</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>814-26-9499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Newton</u>	ADDRESS <u>MANFIELD</u>
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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) <u>Plastic Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from October, 1956, to May 6, 1957, that I last saw the deceased alive on May 6, 1957, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garette Boyd</u>	23b. ADDRESS <u>Bobol Mo</u>	23c. DATE SIGNED <u>5/14/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-11-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MANFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>MANFIELD MO.</u>
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DATE REC'D BY LOCAL REG. <u>5/20/57</u>	REGISTRAR'S SIGNATURE <u>Bonnie D. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max &amp; Miller</u>	ADDRESS <u>Manfield Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

533  
0

RECEIVED 2/20/59  
WRIGHT CO. HEALTH DEPT.  
County File Number 25750  
Date Filed 5-25-59

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..... *Max L. Miller*

Licensed Embalmer No. *472*

P. O. Address: *Manfield,*

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.