

Health,
Welfare
Public
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31623
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 10

300
-57

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS <u>246/</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X		Length of stay in 1b X	d. STREET ADDRESS (If outside, give location) 704 W. BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN EARNEST NEWTON			4. DATE OF DEATH Month Day Year 9-5-57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month Days Hours Min. 10 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) ACTELL, KANSAS		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME MARION P. NEWTON		13b. MOTHER'S MAIDEN NAME CATHERINE GRAHAM		14. NAME OF HUSBAND OR WIFE MAY B. NEWTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT Address MRS. J.E. NEWTON, WEST PLAINS, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure					INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease					10 years
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1957</u> to <u>Sept. 5 1957</u> and last saw him alive on <u>9/5/57</u> Death occurred at <u>5:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M.L. Fowler, M.D.			22b. ADDRESS West Plains, Mo		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) 9-7-57		23b. DATE B	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN		23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO
24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MISSOURI			25. DATE RECD. BY LOCAL REG. 9-17-57	26. REGISTRAR'S SIGNATURE Beatrice Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. Roberts*

Licensed Embalmer No. *343*
P. O. Address *West Hill*

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.