

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

17334

STATE FILE NUMBER

6062

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6062

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in 1b 2 wks.	d. STREET ADDRESS (If outside, give location) Inn Hotel			
3. NAME OF DECEASED (Type or print) First Middle Last MR. THOMAS DeARMOND NEWLON				4. DATE OF DEATH Month Day Year Dec. 20, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 13, 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Vice-Pres. Auto Supply Company			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Winterset Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel James Newlon				14. MOTHER'S MAIDEN NAME Marion Ellen Saevens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes -- #1		16. SOCIAL SECURITY NO. 487-07-6393		17. INFORMANT Address Mr. George Newlon (Bro.)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure & jaundice						INTERVAL BETWEEN ONSET AND DEATH 30 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease						reveral years	
DUE TO (c) duodenal ulcer						5410	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bill-parietectomy & cholecystectomy						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT 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 12-14-57 to 12-20-57 and last saw her alive on 12-20-57 Death occurred at 8:19 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) MD				22b. ADDRESS 701 E 63rd K.C. Mo		22c. DATE SIGNED 12/21/1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) Butler, Missouri			
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE neva minshall		



JAN 17 1958

JAN 30 1958

1519-870

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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.....
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *46*
H. O. Address *Kansas City, Mo*

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.