

Health, Welfare, Public Service

300 1-56

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

2045

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 5776 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Georgia</b> b. COUNTY <b>Columbia</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Twp</b>		c. CITY OR TOWN <b>Augusta</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Albert Newman</b>			4. DATE OF DEATH <b>1-2-58</b>		
5. SEX <b>male</b>			6. COLOR OR RACE <b>Negro</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH <b>2-20-1937</b>		
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) <b>20</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <b>Georgia</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Henry Newman</b>			14. MOTHER'S MAIDEN NAME <b>Baker</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>260-46-5432</b>		
17. INFORMANT <b>Henry Newman</b>			Address <b>Augusta, Georgia</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exposure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>excessive cold</b>	<b>24 hrs.</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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 _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>065</b> COUNTY _____ STATE _____		

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at about 1 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wayland Pierce, D.O. Coroner</b>		22b. ADDRESS <b>Princeton, Missouri</b>		22c. DATE SIGNED <b>1-3-58</b>
23a. BURIAL CREMATION <b>Removed</b>	23b. DATE <b>1-8-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Jackson, South Carolina</b>	

24. FUNERAL DIRECTOR <b>Noel Moss</b>	ADDRESS <b>Princeton, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Noel Moss</b>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Paul Mast* .....

Licensed Embalmer No. *26*

P. O. Address *Janet* .....

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