

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008662
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 115 N. Green St.,
3. NAME OF DECEASED (Type or print) First Melvin Middle Dee Last Newcomb			4. DATE OF DEATH Month Apr. Day 2, Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock buyer		10b. KIND OF BUSINESS OR INDUSTRY Livestock	9. AGE (In years last birthday) 52
13. FATHER'S NAME William David Newcomb		11. BIRTHPLACE (City and state or country) Adair County, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. 492 28 4698		14. MOTHER'S MAIDEN NAME Nellie Mae Stites	
17. INFORMANT Miss Mildred Newcomb, Kirksville, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNCONTROLLED DIABETES AND UREMIA DUE TO (b) TERMINAL COMA FOLLOWING DUE TO (c) FRACTURE L. SHOULDER PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260XF			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 3-28-58
20a. ACCIDENT <input checked="" 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.) FELL AT HOME (DUE DIABETIC COMA)	
20c. TIME OF INJURY Hour a. m. Month Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION COUNTY STATE KIRKSVILLE, ADAIR, MO	
21. I attended the deceased from 3-28-58 to 4-2-58 and last saw him live on 4-2-58 Death occurred at 4:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Laughlin Newcomb (Degree or title)		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 4-3-58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/5/58	
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo	
24. FUNERAL DIRECTOR Paul A. Pyle ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-1958	
26. REGISTRAR'S SIGNATURE Maria W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, or other person certifying in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MAY 16 1958

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.....

Licensed Embalmer No.....

P. O. Address.....

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.