

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013968

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 790

5. 300
1-57

220

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Calhoun		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) Route one		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lewis (none) Newman			4. DATE OF DEATH Month Day Year April 26 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Newman		13b. MOTHER'S MAIDEN NAME Columbia Goff		14. NAME OF HUSBAND OR WIFE Hazel Newman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If year or years or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 494-16-8720		17. INFORMANT Address Lewis Newman Jr., Calhoun, 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) <u>Coronary Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary attack</u>					3 wks
DUE TO (c) <u>Cerebral Embolism</u>					4201 2 wks
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/> 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 <u>4-26-58</u> to <u>4-26-58</u> and last saw her/him alive on <u>4-26-58</u> Death occurred at <u>6:05 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. Walker, M.D.</u>			22b. ADDRESS <u>Clinton Mo</u>		22c. DATE SIGNED <u>4-28-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 29, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun cemetry</u>		23d. LOCATION (City, town, or county) (State) <u>Calhoun, Missouri</u>
24. FUNERAL DIRECTOR <u>Consalus Funeral Home, Clinton</u>			25. DATE RECD. BY LOCAL REG. <u>4-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

MAY 6 1958

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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 *J. E. Conzalez*

Licensed Embalmer No. *1891*

P. O. Address. *Christiansburg*

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.