

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019315

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 27 1958 Registration District No. 291 Primary Registration District No. 5996 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural-Union Tmp/			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Union Tmp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Unionville			Length of stay in lb life	d. STREET ADDRESS Unionville			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frank James Newell				4. DATE OF DEATH Month Day Year May 15 1958			
5. SEX M 0	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 Apr. 22, 1903		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min. 0 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jessie Newell				14. MOTHER'S MAIDEN NAME Mary Etta Richardson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 399-14-4312		17. INFORMANT Address Virginia Newell-Unionville, 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) Gunshot wound from 16 gauge shotgun penetrating through forehead & tearing left side of brain & fall out. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9191 43							INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	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) Climbing over fence on farm & caught gun in fence					
20c. TIME OF INJURY Hour Month, Day, Year 12:30 p. m. 5-15-58	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) on farm		20f. CITY, TOWN, OR LOCATION COUNTY STATE Unionville Putnam 086			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 12:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree of life) Wm. L. Judd, D.O.				22b. ADDRESS Unionville, Mo.			22c. DATE SIGNED 5/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 5-18-1958	23c. NAME OF CEMETERY OR CREMATORY Unionville, Mo		23d. LOCATION (City, town, or county) (State) Unionville, Mo.			
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.				25. DATE RECD. BY LOCAL REG. 5-22-58		26. REGISTRAR'S SIGNATURE Marcell J. Smith	

SEP 18 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 *Marl E. Gustaf*
.....

Licensed Embalmer No. *323*

P. O. Address *Minneapolis*

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.