

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020612
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Murphysboro	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		d. STREET ADDRESS (If outside, give location) 907-19th St.	
Length of stay in 1b 1 Hour		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ben Middle - Last Newman			4. DATE OF DEATH Month 5 Day 3 Year 1958		
5. SEX Male	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 4-15-1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY MACHINE OPERATOR		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Thomas Newman		
14. MOTHER'S MAIDEN NAME Jo Ann			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 356-05-2254		17. INFORMANT Flora Newman Address Murphysboro, 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) **Fracture sternum & multiple rib fracture**
DUE TO (b) _____
DUE TO (c) _____
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)
Fracture sub-tentorial & intervertebral, from R + L. Skull fracture

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Head on Collision - autos.
20c. TIME OF INJURY 6:38 p.m.	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.) Highway 61
20f. CITY, TOWN, OR LOCATION Near Sikeston	COUNTY Scott	STATE Mo

21. I attended the deceased from **5/3/58** to **5/3/58** and last saw her/him alive on **5/3/58**.
Death occurred at **7:25 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilson J. Bingham, M.D.	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 5/7/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY-7, 1958	23c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE MEMORIAL	23d. LOCATION (City, town, or county) (State) MURPHYSBORO ILLINOIS
24. FUNERAL DIRECTOR Wells Funeral Home Sikeston, Mo		25. DATE RECD. BY LOCAL REG. 5-9-58	26. REGISTRAR'S SIGNATURE Miss Edw Hunter

(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED MAY 12 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 558-112

MAY 23 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 Raymond Crews

Licensed Embalmer No. 39

P. O. Address Sioux Falls

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.