

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020624

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 333

Primary Registration District No. 6115

Registrar's No. 85

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND TWP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SIKESTON 1003 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. HWY #61 North Length of stay in lb -		d. STREET ADDRESS (If outside, give location) 320 E. EDMONDSON Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle ALEXANDER Last NEWMAN		4. DATE OF DEATH Month 5 Day 3 Year 1958	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-21-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET		10b. KIND OF BUSINESS OR INDUSTRY CUSTODIAN-ALDG	11. BIRTHPLACE (City and state or country) SIKESTON MO
13. FATHER'S NAME THOMAS NEWMAN		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME JOANN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -	
16. SOCIAL SECURITY NO. 490-18-3486		17. INFORMANT Ann Newman - Sikeston 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) Fractured Skull - Crushed Chest			INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 Car Head-on collision -		
20c. TIME OF INJURY Hour 5:40 Month 5 Day 3 Year 58 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.) Hwy #61 - 4 1/2 Mi. North of Sikeston	20f. CITY, TOWN, OR LOCATION SIKESTON	COUNTY SCOTT STATE MO
21. I attended the deceased from First call after death and last saw her alive on 5:40 P. m on the date stated above; and to the best of my knowledge, from the cause stated. Death occurred at 5:40 P. m			
22a. SIGNATURE (Degree or title) Shelma C. Buchthorpe, M.D. Health Officer		22b. ADDRESS Benton, Mo	22c. DATE SIGNED 5-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-5-58	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) SIKESTON MO
24. FUNERAL DIRECTOR Welsh Funeral Home - Sikeston Mo ADDRESS -		25. DATE RECD. BY LOCAL REG. 5-13-58	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

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

300
1-56

X
1000
3

JUN 4 1958

DATE RECEIVED MAY 19 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 121

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. 346

P. O. Address Sikeston

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.