Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035559
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1164

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 111 Fulkerson — Length of stay in 1b 8½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 111 Fulkerson — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Lottie Middle Ethel Last Newcomb
4. DATE OF DEATH Month Day Year Oct. 28, 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 27, 1894
9. AGE (In years last birthday) 64 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Fort Scott, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. W. Johnson
13b. MOTHER'S MAIDEN NAME Minnie Killion
14. NAME OF HUSBAND OR WIFE F. Delos Newcomb
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. N one
17. INFORMANT Address F. Delos Newcomb 111 Fulkerson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stanglation by hanging — at once
DUE TO (c) 974X
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [✓] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. ~~p.m.~~ 11:30 Month, Day, Year Oct 28 58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION 111 Fulkerson St Joseph — COUNTY Buchanan — STATE MO

21. I attended the deceased from brewed body and last saw her ~~him~~ ~~alive on~~ Oct 28-58
Death occurred at 11:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S E Meluney M.D. Coroner 3
22b. ADDRESS 2 Kirkpatrick Bld St Joseph MO
22c. DATE SIGNED Oct 30 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 30, 58
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
23d. LOCATION (City, town, or county) (State) Fort Scott, Kansas

24. FUNERAL DIRECTOR Clark Funeral Home — ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 31, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. S. E. Meluney

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 Allen E. Bazan

Licensed Embalmer No. 4795

P. O. Address St Joseph M

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.