

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035965
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 108 Primary Registration District No. 5493 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Senath		c. CITY OR TOWN Senath	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 0350 STREET ADDRESS Rt. 1 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last James Washington Newman		4. DATE OF DEATH Month Day Year Oct. 11, 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 July 5, 1882
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Darden, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Sam Newman	
13b. MOTHER'S MAIDEN NAME Mary H. Duke		14. NAME OF HUSBAND OR WIFE Susie Newman	
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.	
17. INFORMANT Carl Lee Newman, Senath, Mo. Rt. 1		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) Uremia			INTERVAL BETWEEN ONSET AND DEATH Several Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal Disease - Type Urdite			593X
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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED: WHILE AT WORK <input 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Oct 10, 1958 to Oct 10, 1958 and last saw him alive on Oct 10, 1958 12:30 pm Death occurred at 7:35 pm Oct 11, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles A. McNeuman, MD		22b. ADDRESS Senath Mo	
22c. DATE SIGNED Oct 14, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/12/58	23c. NAME OF CEMETERY OR CREMATORY McGrew
23d. LOCATION (City, town, or county) Senath, Missouri		(State)	
24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath		25. DATE RECD. BY LOCAL REG. 10-16-58	26. REGISTRAR'S SIGNATURE Mrs. J. N. Ranier

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

COUNTY FILE NUMBER 1058-256

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 Julius B. Baird

Licensed Embalmer No. 4988

P. O. Address Lennett, Mo

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.