

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039582

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1180

S. 300  
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Springfield</b> <sup>0396</sup> <sub>0</sub>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DOA Handley Hospt.</b>  |                               | Length of stay in lb<br><b>50 yrs</b>   | d. STREET ADDRESS (If outside, give location)<br><b>1032 W. Thoman</b>                            |
| 3. NAME OF DECEASED (Type or print)<br>First <b>FRED</b> Middle <b>HOUSTON</b> Last <b>NEWTON</b>   |                               |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>6</b> Year <b>1958</b>                           |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 27, 1883</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Railroad</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Republic, Mo.</b>                                |
| 13a. FATHER'S NAME<br><b>John Newton</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Alma R. Arndt</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Henriette Newton</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>   | 17. INFORMANT<br><b>Henriette Newton, Springfield, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b>  |                               |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>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?<br>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.)<br><b>4500</b>   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>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 <b>Oct, 1958</b> to <b>12/6/58</b> and last saw <sup>her</sup> him alive on <b>12-2-58</b><br>Death occurred at <b>11:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>D. Dean Cunningham, M.D.</b>   |                               | 22b. ADDRESS<br><b>Springfield, Mo</b>  | 22c. DATE SIGNED<br><b>12-9-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>12/9/58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Yeakley Chapel</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Greene, Missouri</b>                          |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme, Springfield, Mo.</b>   |                               | 25. DATE RECD. BY LOCAL REG.<br><b>12-12-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Melton</b>   |

DEC 20 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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision

Student Harold Futrell  
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.