

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040401  
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 546

300  
 Items 2c, 2d, 3 Corrected by affidavit of informant 12/5/58  
 All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Joplin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Neurgotta</u> 835
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns</u>		Length of stay in lb <u>2 months</u>	d. STREET ADDRESS (If outside, give location) <u>Box 831</u>
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Frances</u> Last <u>Newby</u>		4. DATE OF DEATH Month <u>11</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or county) <u>Parsons, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edwin D. Matsler</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertha Smith</u>		14. NAME OF HUSBAND OR WIFE <u>David E. Newby</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-05-5489</u>	17. INFORMANT <u>David E. Newby</u> Address <u>Box 831 Neurgotta, Okla</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca of liver</u> DUE TO (b) <u>Primary Ca, left breast.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>4 years</u>
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"/> <u>2</u>
20a. ACCIDENT: SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NOX</u>	
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 <u>7-26-54</u> to <u>11-9-58</u> and last saw her alive on <u>11-9-58</u> Death occurred at <u>1:10</u> pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>308 F.R.L. Bldg., Joplin, Mo.</u>	22c. DATE SIGNED <u>11-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Buried</u>	<u>11-11-1958</u>	<u>Opert Memorial Park</u>	<u>Joplin Mo</u>
24. FUNERAL DIRECTOR <u>Thomhill-Dillon</u> ADDRESS <u>Joplin Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

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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 Robert C. Roller

Licensed Embalmer No. 1062

P. O. Address J. J. Miller, Mrs.

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.