Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003815
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kirkwood 4683 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Joseph Hospital — Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) 130 W. Washington Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Fanny	Middle: Rose	Last: Newell	4. DATE OF DEATH Month Day Year: January 3, 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: June 10, 1871	9. AGE (In years last birthday): 87 — 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: AT HOME	11. BIRTHPLACE (City and state or country): Jackson, Mich.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: E. Hanford Cobb	13b. MOTHER'S MAIDEN NAME: Fanny Hunt	14. NAME OF HUSBAND OR WIFE: Benjamin O. Newell		
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.: None	17. INFORMANT Address: Mrs. Oscar Jekel, 130 E. Bodley, Kirkwood, Mo.		

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) Carcinoma of ovary with — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastases to peritoneum — 6 Mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic myocarditis 1750

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-15-29, to 1/3/59 and last saw her alive on 1-3-59

Death occurred at 7:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. H. Leslie M.D.	22b. ADDRESS: Kirkwood 22 Mo	22c. DATE SIGNED: 1/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 1/6/59	23c. NAME OF CEMETERY OR CREMATORY: Mt. Evergreen Cemetery	23d. LOCATION (City, town, or county) (State): Jackson, Mich.
24. FUNERAL DIRECTOR: Louis H Bopp Jr.	ADDRESS: Kirkwood Mo.	25. DATE RECD. BY LOCAL REG.: 1-6-59	26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 3360

P. O. Address .....

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.