

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006724

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 8

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1-57 3

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Huntsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Depot Street		Length of stay in lb 7 weeks	d. STREET ADDRESS (If outside, give location) Carpenter Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sidney Middle Allen Last Newby			4. DATE OF DEATH Month February Day 27 Year 1959		
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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 August 5, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 27 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. service station opr.	10b. KIND OF BUSINESS OR INDUSTRY Service Sta.	11. BIRTHPLACE (City and state or country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? United States
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13a. FATHER'S NAME W.B. Newby	13b. MOTHER'S MAIDEN NAME Annie Rains	14. NAME OF HUSBAND OR WIFE Hester Ruth Newby
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Allen Newby: Huntsville, Missouri
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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 Hemorrhage (had a hypotensive cardio-vascular) DUE TO (b) hypotensive Cardiovascular Disease DUE TO (c) 443x		INTERVAL BETWEEN ONSET AND DEATH 1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had a nervous Cerebral Hemorrhage 9 yrs ago		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.)
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20c. TIME OF INJURY Hour : Month, Day, Year

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 Huntsville	COUNTY Missouri	STATE
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21. I attended the deceased from 1958 to 1959 and last saw ^{her} him alive on Dec 1958 Death occurred at 11:50 [#] m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE D. J. Henry (Degree or title)	22b. ADDRESS Moberly Mo	22c. DATE SIGNED Mar 6 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	23d. LOCATION (City, town, or county) Huntsville, Missouri
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24. FUNERAL DIRECTOR Tom B. Patton	ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 3-4-59	26. REGISTRAR'S SIGNATURE Mary H. Bentley
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1956 SA

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 *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntwell*

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.