Health, Welfare Public Service

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REG.#A435

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008570
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS HOSPITAL — Length of stay in 1b: 6 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: SIKESTON — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 509 COLEMAN — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: LAMBERT Last: NEWTON

4. DATE OF DEATH: Month: MARCH Day: 20 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-2-95
9. AGE (In years last birthday): 63 — 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): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: BARBER
11. BIRTHPLACE (City and state or country): NAYLOR COUNTY, KY.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GREGORY W. NEWTON
13b. MOTHER'S MAIDEN NAME: SUSIE MOUSER
14. NAME OF HUSBAND OR WIFE: LEONA NEWTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: VA HOSPITAL RECORDS, Address: POPLAR BLUFF, 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): CORONARY ARTERIOSCLEROTIC HEART DISEASE. — INTERVAL BETWEEN ONSET AND DEATH: Sev. Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201B
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
1. MENINGO-VASCULAR SYPHILIS .

19. WAS AUTOPSY PERFORMED? YES [ ] NO [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 [ ] VA
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 March 14, 1959, to March 20, 1959
Death occurred at 2:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): ROBERT S. COHEN, M.D., Chief, Med. Svc.
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 3/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/22/59
23c. NAME OF CEMETERY OR CREMATORY: New Marley Cem
23d. LOCATION (City, town, or county) (State): Marley, Mo.

24. FUNERAL DIRECTOR: Albritton Funeral Home — ADDRESS: Sikeston, Mo
25. DATE RECD. BY LOCAL REG.: 3/28/59
26. REGISTRAR'S SIGNATURE: R H Minetree

(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.

JUL 28 1950

FILE NO.

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Dexter, Me

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.