

FILED VS JUL 22 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025913  
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 117

S. 300  
V. 1-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Plata</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. CITY OR TOWN <u>La Plata</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Length of stay in lb <u>19 yrs</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>TILLIE NEWKIRK</u>			4. DATE OF DEATH Month Day Year <u>July 4 1959</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 31, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years) 88
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 —	9. AGE (In years) 88
11. BIRTHPLACE (City and state or country) <u>Novelty, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Eligal Rinehart</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ford</u>	14. NAME OF HUSBAND OR WIFE <u>Philip S. Newkirk (deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT <u>Mrs. Mary Wilson</u> Address <u>La Plata, Mo.</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>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary (arteriosclerosis)</u> DUE TO (c) <u>hypertensive heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Intermittent</u> <u>? years</u> <u>? years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4261</u>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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>Apr 28, 1943</u> to <u>July 4, 1959</u> and last saw her/him alive on <u>June 28, 1959</u> Death occurred at <u>7:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Delbert G. Galt MD</u>		22b. ADDRESS <u>La Plata, Mo</u>	22c. DATE SIGNED <u>7/7/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8 July '59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Novelty Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Novelty, Missouri</u>
24. FUNERAL DIRECTOR <u>Ed Griner</u> <u>Hudson Funeral Home</u>		ADDRESS <u>Edina, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7/11/59</u>
26. REGISTRAR'S SIGNATURE <u>Paul M. Neely</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Edwin* .....

Licensed Embalmer No. *5041* .....  
P. O. Address *Edina, Minn.* .....

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.