

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029712

FILED VS. SEP 14 1959

184

Primary Registration District No. 3038

Registrator's No. 93

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Leman</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in 1b <u>at work</u>		c. CITY OR TOWN <u>Stanberry</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Virgil</u> Last <u>Newby</u>				4. DATE OF DEATH Month <u>September</u> Day <u>4</u> Year <u>1959</u>			
5. SEX <u>Male</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>12-26-1917</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Clearing Right-of-ways</u>		11. BIRTHPLACE (City and state or country) <u>Blockton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
13a. FATHER'S NAME <u>Elmer Newby</u>			13b. MOTHER'S MAIDEN NAME <u>Maudie Cole</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred I. Newby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. II</u>			16. SOCIAL SECURITY NO. <u>487-14-9293</u>		17. INFORMANT Address <u>Mildred I. Newby - Stanberry, 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>Electrocuted</u>							INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Came in contact with</u>					
20c. TIME OF INJURY Hour <u>1:45</u> p.m. Month, Day, Year <u>9/4/59</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Dump Sta.</u>						
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>		COUNTY <u>Leman</u>		STATE <u>Mo</u>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>approx 1:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Leman B M Clellor</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Brookfield Mo</u>			22c. DATE SIGNED <u>9/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Parnell, Missouri</u>			(State)
24. FUNERAL DIRECTOR <u>Bell A Dunfee</u> ADDRESS <u>Brookfield Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u> <i>dep.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1969

1001 5
1959

VS DEC 16 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James B. McCellar

Licensed Embalmer No. 4230

P. O. Address Brookfield

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.