

Dept. Health,
 & Welfare
 S. Public
 Health Service

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-035363
 STATE FILE NUMBER

FILED VS NOV 9 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 506

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Allen</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Iola</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>304 North Street</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Elmer Cleveland Newlon</u>		4. DATE OF DEATH Month Day Year <u>Oct 19 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>April 16-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Furniture Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Finisher</u>	11. BIRTHPLACE (City and state or country) <u>Brokenbow Nebraska U. S. A.</u>
13a. FATHER'S NAME <u>Jasper A. Newlon</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Gould</u>	14. NAME OF HUSBAND OR WIFE <u>Grace McCullough Newlon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>550-07-3342</u>	17. INFORMANT Address <u>Mrs Grace Newlon Iola Kansas</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>Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 days</u> <u>1</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))			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>Oct. 17 '59</u> to <u>Oct. 19 '59</u> and last saw him alive on <u>Oct. 19 '59</u> Death occurred at <u>8:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. Kuehert M.D.</u> (Degree or title)		22b. ADDRESS <u>Poplar Bluff, Mo</u>	22c. DATE SIGNED <u>10/22/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-22-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ME View Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Des Arc. Mo.</u>
24. FUNERAL DIRECTOR <u>William Godwin Piedmont Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/28/59</u>	26. REGISTRAR'S SIGNATURE <u>J. L. Kuehert</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

489-0

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Piedmont, Mo.

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.