

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-043093
State File No.

FILED VS NOV 23 1959

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. _____ Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Lampe</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elec</u>	b. (Middle) <u>N.</u>	c. (Last) <u>Newman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 29, 1878</u>	9. AGE (In years last birthday) <u>81</u>	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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alexander Newman</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>none</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Denver Hollars, Ridge Dale, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		<u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno - Carcinoma of Colon Descend.</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>6 mos?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerotic Heart Disease</u>	<u>25 yrs</u> <u>10 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1957, to 11/13, 1959, that I last saw the deceased alive on 11-13, 1959, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Magness, M.D.</u>	23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>11-13-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-15-59 Burial</u>	24b. DATE <u>11-15-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Eye, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-16-59</u>	REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Howard Stone Perryville, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

514-0

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles M. Wilson

Signed.....

Student Embalmer

Licensed Embalmer No. *5002*

P. O. Address *Benyville, Ark*

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 this body is not embalmed, fact should be so stated above.