

URINARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005313

FILED VS FEB 29 1960 43

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 99

ENDED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in lb 2 YR.		c. CITY OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Assembly of God Rest Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. Elm	
3. NAME OF DECEASED (Type or print) First Jasper Middle Alvin Last Newlan				4. DATE OF DEATH Month Feb. Day 16 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct-1-88	
				9. AGE (last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____	
				10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
				11. BIRTHPLACE (City and state or country) Broken Bow, Neb.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jasper Alvin Newlan				13b. MOTHER'S MAIDEN NAME Martha Ann Gould		14. NAME OF HUSBAND OR WIFE Mercedes Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 491-26-3872		17. INFORMANT Address Mr. Ralph Newlan Piedmont Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amoebic Urinary Bladder -						INTERVAL BETWEEN ONSET AND DEATH 2 days	
DUE TO (b) Urinary Stricture -						2 wks	
DUE TO (c) Prostatitis -						2 mo	
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 type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 April 1958 to 1-27-60 and last saw him alive on 12-7-60 Death occurred at _____ A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. A. Shuman MD				22b. ADDRESS 321 Coch Poplar Bluff Mo		22c. DATE SIGNED 2/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/19/60		23c. NAME OF CEMETERY OR CREMATORY Mt View Cem.		23d. LOCATION (City, town, or county) (State) Des Arc Mo.	
24. FUNERAL DIRECTOR ADDRESS William Boder Piedmont Mo				25. DATE RECD. BY LOCAL REG. 2/16/60		26. REGISTRAR'S SIGNATURE W. A. Shuman	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 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, Va

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.