

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015861

FILED VS MAY 3 1960 / 56

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 212

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin			Length of stay in 1b 8 days		c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 726 N. Campbell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Allen Last Newby				4. DATE OF DEATH Month April Day 25 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1952	9. AGE (last birthday) 7	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2nd grade student			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Robert Newby			13b. MOTHER'S MAIDEN NAME Charmaine Moss			14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT Robert Newby Address 726 N. Campbell Webb City, 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) Acute heart failure						INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Severe brain injuries						7 days	
DUE TO (c) Abdominal injuries						7 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Automobile accident					
20c. TIME OF INJURY 4:00 p.m.		Month, Day, Year 4 17 60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road		20f. CITY, TOWN, OR LOCATION Rural		COUNTY Jasper	STATE Mo.
21. I attended the deceased from 4-17-60 to 4-25-60 and last saw him alive on 4-25-60				Death occurred at 8:10A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>for Ruby L. Newby, M.D.</i> (Degree or title)				22b. ADDRESS 3410 Ruby Way - Joplin, Mo.		22c. DATE SIGNED 4-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-28-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City, Missouri		
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson ADDRESS Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 4-28-1960		26. REGISTRAR'S SIGNATURE <i>Novie Murrian</i>	

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.