

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021806

FILED VS. MAY 31 1960

317

Primary Registration District No. 541

Registrar's No. 1537

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chesterfield, Missouri		Length of stay in 1b DOA		c. CITY OR TOWN Chesterfield, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA County Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1, Box 30		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle Newman Last Newman				4. DATE OF DEATH Month May Day 8 Year 1960					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/18/25	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Hellwig Brothers		11. BIRTHPLACE (City and state or country) Osecola, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME William Newman			13b. MOTHER'S MAIDEN NAME Annie Lofton			14. NAME OF HUSBAND OR WIFE Evelyn Newman			
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. Unknown		17. INFORMANT Address Magnolia Henderson Rt. 1, Box 30				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of the left neck which perforated the left innominate vein and the left subclavian artery, with subsequent hemorrhage into left pleural cavity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stabbed during argument					
20c. TIME OF INJURY 2:15 a.m.		Month, Day, Year 5/8/60		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.) Tavern Parking Lot		20f. CITY, TOWN, OR LOCATION COUNTY STATE Chesterfield St. Louis Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Raymond H. ... Coroner Clayton, Mo.				22b. ADDRESS				22c. DATE SIGNED 5/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/14/60	23c. NAME OF CEMETERY OR CREMATORY Swift Funeral Home			23d. LOCATION (City, town, or county) (State) Ocebia, Arkansas			
24. FUNERAL DIRECTOR ADDRESS E. B. ... 1221 North Grand				25. DATE RECD. BY LOCAL REG. MAY 11 1960		26. REGISTRAR'S SIGNATURE J. B. ...			

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 Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 9th Ave

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.