

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041670

LED VS DEC 12 1960

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		d. STREET ADDRESS (If outside, give location) 2529 SUNSET TERRACE	
3. NAME OF DECEASED (Type or print) First JOHN Middle S. Last NEWSOM		4. DATE OF DEATH Month DEC. Day 5 Year 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 14 JULY 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GEN. MANAGER		10b. KIND OF BUSINESS OR INDUSTRY MONO MFG. Co.	11. BIRTHPLACE (City and state or country) MISSOURI
13a. FATHER'S NAME J.S. NEWSOM		13b. MOTHER'S MAIDEN NAME LULA PUCKETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address MILDRED NEWSOM SPGFD. 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) Right lower lobe lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive and arteriosclerotic heart disease		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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 checked="" 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 July 1957 to 12-5-60 and last saw ^{her} him alive on 12-4-60 Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Francis M. Maple MD	22b. ADDRESS 1211 S. GLENSTONE SPRINGFIELD, Mo.	22c. DATE SIGNED 12-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-8-60	23c. NAME OF CEMETERY OR CREMATORY LOCAL
24. FUNERAL DIRECTOR KLINGNERS		23d. LOCATION (City, town, or county) (State) TOPEKA, KANSAS

25. DATE RECD. BY LOCAL REG. 12-9-60	26. REGISTRAR'S SIGNATURE Effie E. Melton
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JC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 20 1960

MAY 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John B. Klunzinger*

Licensed Embalmer No. 510

P. O. Address Spfld Mo

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