

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042493

FILED VS NOV 2 1960

156

Primary Registration District No. 2001

Registrar's No. 567

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 5 weeks	c. CITY OR TOWN Chadwick Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle ISAAC Last NEWBERRY			4. DATE OF DEATH Month November Day 19 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1934	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Battery production	10b. KIND OF BUSINESS OR INDUSTRY Eagle-Picher Co.	11. BIRTHPLACE (City and state or country) Chadwick, Mo.	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	---

13a. FATHER'S NAME John W. Newberry	13b. MOTHER'S MAIDEN NAME May Wilson	14. NAME OF HUSBAND OR WIFE Martha Lee Newberry
---	--	---

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. 497-38-1487	17. INFORMANT Mrs. Martha Lee Newberry,	Address Chadwick, 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) Intracerebral hemorrhages Subdural car accident		INTERVAL BETWEEN ONSET AND DEATH 10-11-60 10-11-60
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) fractured ribs, bronchitis, pyelitis, fractured jaw, duodenal ulcers	PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE liver, etc. Ber-e-to-to rigidity	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) in car accident, was
---	---	---

20c. TIME OF INJURY Hour 6 a.m. p.m. Month, Day, Year 10-11-60	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) passenger in one when struck by another car
--	--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> returning from work	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) nr of Joplin	20f. CITY, TOWN, OR LOCATION Jasper	COUNTY Jasper	STATE Mo
--	---	---	-------------------------	--------------------

21. I attended the deceased from 10-11-60 to _____ and last saw her alive on 11-18-60 Death occurred at 9:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Richard Smith MD (Degree or title)	22b. ADDRESS Med. Arts Bldg. Joplin, Mo.	22c. DATE SIGNED 11-21-60
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY Eudora Cemetery,	23d. LOCATION (City, town, or county) (State) Polk County, Missouri
---	------------------------------	---	---

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-23-1960	26. REGISTRAR'S SIGNATURE Novie Merriam
---	---------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1967

APR 19 1967

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 Harvey E. Orms

Licensed Embalmer No. 4463

P. O. Address Josephine Mc

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.