URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-045740

FILED VS JAN 9 1961

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1273B STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b 5 WEEKS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT

c. CITY OR TOWN MTN. GROVE — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) RT. 4 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JEWELL Middle NEWTON Last

4. DATE OF DEATH Month DEC. Day 21 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-23-1904

9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months 9 Days 28 — IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY SAME

11. BIRTHPLACE (City and state or country) WRIGHT CO.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JONOTHAN ATKINSON

13b. MOTHER'S MAIDEN NAME CREOLA TURNER

14. NAME OF HUSBAND ~~OR WIFE~~ LEONARD NEWTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. —

17. INFORMANT LENORD NEWTON Address MTN. GROVE

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 bilateral pyelonephritis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gangrenous small bowel, resected

DUE TO (c) Acute interstitial pancreatitis

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 (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11-18-60, to 12-21-60 and last saw her/him alive on 12-20-60

Death occurred at 3:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Terrell M.D

22b. ADDRESS 1550 E. Sunshine Springfield Mo.

22c. DATE SIGNED 12-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 12-21-60

23c. NAME OF CEMETERY OR CREMATORY HILLCREST

23d. LOCATION (City, town, or county) MTN. GROVE (State) MO

24. FUNERAL DIRECTOR BARBER ADDRESS MTN. GROVE

25. DATE RECD. BY LOCAL REG. 1-3-61

26. REGISTRAR'S SIGNATURE Effie G. Nelton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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