

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045741

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2nd Registrar's No. 1218C

INDEXED

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD	Length of stay in 1b 19 DAYS	c. CITY OR TOWN MTN. GROVE	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 HOSP.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 534 WALL ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MANIE SHAFER NEWTON			4. DATE OF DEATH Month Day Year DEC. 6 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 3/17/1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months 8 Day 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY LABOR	11. BIRTHPLACE (City and state or country) MANSFIELD, MO. U.S.A		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME ORIN NEWTON		13b. MOTHER'S MAIDEN NAME BESSIE DODSON		14. NAME OF HUSBAND OR WIFE RUBY BURNEY	
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.	17. INFORMANT Address RUBY NEWTON 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) Skewer knife		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Peptic ulcer	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chumatorid arthritis		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 type="checkbox"/> NO <input checked="" 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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Springfield Green, MO.	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb 29, '56 to Dec 6 '60 and last saw ^{her} him alive on Dec 6, '60 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Nancy D. Vicksy MD	22b. ADDRESS 609 Cherry St.	22c. DATE SIGNED 7 Dec '60
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23a. BURIAL OR CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12/6/60	23c. NAME OF CEMETERY OR CREMATORY STEEL MEMORIAL	23d. LOCATION (City, town, or county) (State) HARTVILLE MO.
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24. FUNERAL DIRECTOR ADDRESS BARBER F.H. MTN. GROVE MO	25. DATE RECD. BY LOCAL REG. 12-12-60	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Used Embalmer's Statement on Reverse Side)

APR 18 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RW Barber

Licensed Embalmer No. 38

P. O. Address Mt. ...

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.