

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012435

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 123

AMENDED

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 5 da.	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1415 N. Green
3. NAME OF DECEASED (Type or print) First Middle Last Mildred Fern Newcomb			4. DATE OF DEATH May 2 1961
5. SEX F	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1911
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of year, if even if retired) saleslady		10b. KIND OF BUSINESS OR INDUSTRY saleslady	11. BIRTHPLACE (City and state or country) Sublette MO
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William D. Newcomb	
13b. MOTHER'S MAIDEN NAME Nellie M. Stites		14. NAME OF HUSBAND OR WIFE none	
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 Bessie Moore, 1415 N. Green, Kirksville, 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) Overwhelming toxemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus AND DUE TO (c) CHRONIC NEPHRITIS WITH UREMIA			INTERVAL BETWEEN ONSET AND DEATH Few Days Several yrs " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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
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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 4-27-61 to 5-2-61 and last saw her ^{her} live on 5-2-61 Death occurred at 11:03 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul Laughlin		22b. ADDRESS Kentville, Mo	22c. DATE SIGNED 5-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-4-61	23c. NAME OF CEMETERY OR CREMATORY Maples Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kirkville Mo.
24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Kirksville, MO. W.K. Jackson (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. May 5, 1961	26. REGISTRAR'S SIGNATURE Nora W. Ratliff

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ *Earl Laughlin, Jr.* Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Harriet E. Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Keokuk, Mo.*

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.