

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045685

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 149

FILED JAN 2 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho	a. STATE Missouri	COUNTY Newton
Length of stay in 1b 3 Days		c. CITY OR TOWN Neosho	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS Route # 5	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First John	Middle Eli	Last Newdiger	4. DATE OF DEATH	Month December	Day 28	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Newton County, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Newdiger	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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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. None	17. INFORMANT Lucinda Fields	Address Neosho, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 4 Day
IMMEDIATE CAUSE (a) Cerebral Thrombosis	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

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. <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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 26 Dec 61 to 28 Dec 61 and last saw her/him alive on 28 Dec 61
Death occurred at 10.30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George C Dine, MD	(Degree or title)	22b. ADDRESS Neosho, Mo	22c. DATE SIGNED 30 Dec 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-30-1961	23c. NAME OF CEMETERY OR CREMATORY Spring Valley Cem	23d. LOCATION (City, town, or county) (State) 7 Miles North Neosho, Mo
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24. FUNERAL DIRECTOR Clark Funeral Home	ADDRESS Neosho, Mo	25. DATE RECD. BY LOCAL REG. 30 Dec 61	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, MD -by N. Bella
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 H. WAYNE SEVERS, Student Embalmer No. 630

working under my personal supervision.

Student

H. Wayne Severs
Signature of Student Embalmer

Signed

Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address

312 S. Wood

Keosauqua

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.