

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046193

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 160

FILED JAN 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

18171
30171
3
4 1
5 1
6
7 1
8 0
9 9039
10 44
11
12 5-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON</u>		c. CITY OR TOWN <u>CARROLLTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARROLL MEMORIAL Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>319 N. LESLIE</u>	
3. NAME OF DECEASED (Type or print): First <u>Hannah</u> Middle <u>M</u> Last <u>NEWPORT</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-21-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>+</u>	11. BIRTHPLACE (City and state or country) <u>Putnam County Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. NAME OF HUSBAND OR WIFE <u>James Newport</u>	
13a. FATHER'S NAME <u>CHRISTIAN BIEVER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Catherine Hagels</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nephritis</u> <u>Fracture of (left) 7th Femoral Surg Neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) <u>arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>6 mo</u> <u>15 yrs</u> <u>15 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fibroid Enlargement of Uterus</u> <u>Myocardial Infarction</u>			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 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.) <u>Fell over my when giving neighbor chash coffee.</u>	
20c. TIME OF INJURY Hour <u>12</u> a.m. <u>15</u> p.m. Month, Day, Year <u>12-15-62</u>	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 <u>Carrollton Mo</u>
21. I attended the deceased from <u>12-15-62</u> to <u>12-27-62</u> and last saw her alive on <u>12-27-62</u> Death occurred at <u>7 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Ernest S. Salter MD</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Dec 28-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>
24. FUNERAL DIRECTOR <u>DICKERSON + RICE</u>		23d. LOCATION (City, town, or county) <u>Bogard</u>	23e. STATE <u>MO</u>
25. DATE RECD. BY LOCAL REG. <u>12-28-62</u>		26. REGISTRAR'S SIGNATURE <u>Ernest S. Salter MD</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel M. Rice

Licensed Embalmer No. 5087

P. O. Address Boyan, 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.