

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 81

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Boonville</u>	
Length of stay in 1b <u>All of life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home, 1113 Hickam</u>		d. STREET ADDRESS (If outside, give location). <u>1113 Hickam St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Fernando</u> Middle <u>R.</u> Last <u>Newell</u>			4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7, 1879</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Alonzo Newell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bishop</u>		14. NAME OF HUSBAND OR WIFE <u>Schrildia Bone</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. E. J. McMillan, Boonville, Mo.</u>
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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 <u>8 mo</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		
DUE TO (b) <u>Arteriosclerosis</u>		
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 <u>7:38</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	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 <u>Aug 62</u> to <u>June 3 1963</u> and last saw him alive on <u>5-30-63</u> Death occurred at <u>7:38</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W C Bessett</u> (Degree or title)	22b. ADDRESS <u>Boonville Mo</u>	22c. DATE SIGNED <u>6-4-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 5, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6/4/63</u>	26. REGISTRAR'S SIGNATURE <u>W C Bessett</u>
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VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF
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<u>20275</u>							
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<u>4 0</u>							
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<u>11</u>							
<u>12 90-0</u>							
<u>13 1-0</u>							

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.