

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**22611**  
Do not use this space.

FILED JUL 17 1940

**1. PLACE OF DEATH**

(a) County Randolph Registration District No. 735  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 176  
 (c) City Morevelly (d) Street No. McCormick Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

RICHARD ALLEN NEWBY 100  
 (a) Residence, No. Morevelly Hunt Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write city or town)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

FATHER 13. NAME Allen Newby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

MOTHER 15. MAIDEN NAME Hester Haliburton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT (ADDRESS) Mr. Allen Newby  
Huntville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntville DATE June 2, 1940

19. FUNERAL DIRECTOR (ADDRESS) Tom B. Patton  
Huntville Mo

20. FILED June 21, 1940 Seal Killers Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1940, to 6-19 1940.  
 I last saw him alive on 6-19-40, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Tubercular meningitis Date of onset 5-22-40

Other contributory causes of importance: - 24

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microscopic Was there an autopsy? yes

If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) A. L. McCormick M. D.  
 (Address) Morevelly Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 7-40-1461

Date Filed JUL 15 1940

STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

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.)

Huntwick MD