

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38421**

FILED NOV 25 1949 66839-49 BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>396</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		d. STREET ADDRESS (If rural, give location) <u>412 Clave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>		c. LENGTH OF STAY (in this place) <u>2</u>		b. COUNTY <u>St. Francois</u>		e. STATE <u>MO</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			5. SEX	
a. (First) <u>Baby</u>			b. (Middle) <u>Newland</u>			c. (Last) <u>D</u>	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>			8. DATE OF BIRTH <u>Oct 23, 1949</u>	
9. AGE (In years last birthday) <u>2</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Mo. D</u>	
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George E. Newland</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Settle</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George E. Newland</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				11-12-49	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Prematurity 6 MO</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 23, 1949</u> , to <u>Oct 23, 1949</u> , that I last saw the deceased alive on <u>Oct 23, 1949</u> and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Appberry MD</u>				23b. ADDRESS <u>Flat River Mo</u>		23c. DATE SIGNED <u>11-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>12 Mi. Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1 Sparks</u>		ADDRESS <u>Flat River Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-21-49

District Health Officer No. 4

District File Number 1149-1

Date Filed

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 Student Embalmer

Signed

Murphy Tolson Jr

Licensed Embalmer No. 4239

P. O. Address. *Flat River, 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 this body is not embalmed, fact should be so stated above.