

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12233

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Shawnee)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Shawnee) Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Lee</u> c. (Last) <u>Newell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>Oct. 31, 1947</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>5 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert Newell</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Bowers</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Newell Oak Ridge R-1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>69 1/2 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>16</u>	20. SIGNATURE OF INFORMANT (Name) <u>Ed R. Beck</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Oak Ridge</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Oak Ridge Cape Girardeau</u>	21f. HOW DID INJURY OCCUR? <u>By Drowning</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8 50 8:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

22. I hereby certify that I attended the deceased from April 8, 1950, to April 9, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at Oak Ridge, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed R. Beck</u>		23b. ADDRESS <u>Coroner 3 U.S. Pacific at Cape Girardeau</u>		23c. DATE SIGNED <u>April 9 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cany fork</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Burial</u>	REGISTRAR'S SIGNATURE <u>D. G. Lubner</u>	48	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough - Laird</u>		ADDRESS <u>Jackson, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 17 1950

DISTRICT HEALTH OFFICE No.

File No. 450-557

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 *R. O. Laird*

Licensed Embalmer No. 4538

P. O. Address *Jackson, 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.