

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16674
2392

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2392</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Maricopa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Barry</u>		8420	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson City Tuberculosis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>T.</u> c. (Last) <u>Newton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-1952</u>				
5. SEX <u>Male</u> 0		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> 0		8. DATE OF BIRTH <u>3-28-1917</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months		IF UNDER 1 WEEK Days		IF UNDER 1 HOUR Hours	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>A.R. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"Unk."</u>		11. BIRTHPLACE (State or foreign country) <u>Perry, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Preston K. Newton</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia Thanky</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 year or date of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T.A. Newton: U.S.A. Air Force</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
2. ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____							
3. 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 checked="" type="checkbox"/> NO <input 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>5-22-</u> , 19 <u>52</u> , to <u>5-23-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-23-</u> , 19 <u>52</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>K.C.T.B. Hospital</u>		23c. DATE SIGNED <u>5-24-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perry</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Texas</u>	
DATE REC'D BY LOCAL REG. <u>5-26-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.C. Weibel: P.C.S. Mo</u> ADDRESS			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *B. E. Wilcut*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C., 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.