

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6618

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1436

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>225 E. 5th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Newsom</u> c. (Last) <u>Newsom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1954</u>		
---	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 19, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refrigeration Bus Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
---	--	-----------------------------------	--	---	--	------------------------------	--

13a. FATHER'S NAME <u>Robert Newsom</u>		13b. MOTHER'S MAIDEN NAME <u>Medora Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Galwith</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#1</u>		16. SOCIAL SECURITY NO. <u>W.W.#1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Newsom</u> ADDRESS <u>225 E. 5th Fulton, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES: Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
---	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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? <u>42.01</u>	
--	--	--	--	---	--

22. I hereby certify that I attended the deceased from Jan. 12, 1954, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Gray, M.D.</u> (Degree or title)		23b. ADDRESS <u>457 N. Kingshighway</u>		23c. DATE SIGNED <u>2/15/54</u>	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Feb. 12, 1954</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Hill Crest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>	
--	--	--------------------------------	--	--	--	--	--

DATE RECD. BY LOCAL REG. <u>FEB 15 1954</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6175 Delmar Blvd.</u>	
---	--	---	--	---	--

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

1957
APR 5
APR 6
1957
SEP 13 1955

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 *J. E. McCullah*.....

Licensed Embalmer No. *246*.....

P. O. Address *St. Louis*.....

**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.**