

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6619**
Registrar's No. **1342**

FILED **MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3735 Page Blvd		d. STREET ADDRESS (If rural, give locality) 3735 Page Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) Newsom c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2-11-54	
5. SEX H. 3	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH 12-15-1900
9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Branchville, Tex.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank McCullough		13b. MOTHER'S MAIDEN NAME Dora Hunter	
14. NAME OF HUSBAND OR WIFE Ray Newsom			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFIRMANT'S SIGNATURE OR NAME V. J. Newsom		ADDRESS 3735 Page	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, chronic myo. conduction system, chronic nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Phenothiazine intoxication 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	
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?		7220	
22. I hereby certify that I attended the deceased from June 15, 1952 , to Feb. 11, 1954 , that I last saw the deceased alive on Feb. 10, 1953 , and that death occurred at 6:4 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 3000 Eastern Ave	
23c. DATE SIGNED 2-11-54			
24a. BURIAL, CREMATION REMOVAL (Specify) burial		24b. DATE 2-15-54	
24c. NAME OF CEMETERY OR CREMATORY Tranquillity Cem.		24d. LOCATION (City, town, or county) (State) Merne, Texas	
DATE REC'D BY LOCAL REG. FEB 11 1954		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 4181 Nash Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed James A. Carter
Licensed Embalmer No. 4681

P. O. Address St. Louis, 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.