

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18495

State File No. ....

BIRTH NO. 35631-54 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>101 Central ave. 0361</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harrold</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Newells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3rd 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 3rd 1954</u>	9. AGE (In years) (last birthday) UNDER 1 YEAR Months Days Hours Min. <u>15-15</u>
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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 (City and State or Foreign Country) <u>Union, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Newells</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Allen Maspin</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>David Newells</u>	ADDRESS <u>Union Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital malformations of the heart.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</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. <u>Atelectasis-</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-3-, 1954, to 7-3-, 1954, that I last saw the deceased alive on 7-3-, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.W. E. Welch - M.D.</u>	23b. ADDRESS <u>St. Clair. Mo</u>	23c. DATE SIGNED <u>7-4-54</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/4/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect</u>	24d. LOCATION (City, town, or county) (State) <u>Lonedelle Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/4/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Ottman</u>	ADDRESS <u>Union Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed E. F. Altman.....

Licensed Embalmer No. 1686

P. O. Address Union

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.