

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29189

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
c. LENGTH OF STAY (In this place) <u>30 DYS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>289 So. Walnut Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Simeon</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Newhouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 14, 1865</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 12 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Elkton, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>William Newhouse</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>4201</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert S. Newhouse, Tulsa, Okla.</u>	ADDRESS
--	-------------------------------------	---	---------

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease with congestive failure</u>		DUE TO (b) _____		<u>6 weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Phlebotrombosis - lower extremities - bilateral</u>		<u>5 weeks</u>

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) m.	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 8-20-1955 to 9-19-1955, that I last saw the deceased alive on 9-19-1955 and that death occurred at 11:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles F. Wilson, M.D.</u>	23b. ADDRESS <u>718 Broadway Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>10-6-55</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-6-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>	ADDRESS <u>Dexter, Mo.</u>
---	--	---	----------------------------

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

1001 11 11 1981

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 Lucille Rainey  
Licensed Embalmer No. 4983

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.