

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19423

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6262 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>WEDSTER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Mo</b> b. COUNTY <b>WEDSTER</b>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Finley Town</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>SEYMOUR Rural Finley</b>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION			f. STREET ADDRESS (If rural, give location) <b>Mo RFD 2 16<sup>th</sup></b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>T.</b> c. (Last) <b>NEWTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-3-56</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>OCT 19, 1887</b>		9. AGE (In years) Last birthday (Specify) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NEWPORT ARKANSAS USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN W. NEWTON</b>		13b. MOTHER'S MAIDEN NAME <b>CHARISSA CLARK</b>		14. NAME OF HUSBAND OR WIFE <b>CORA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CORA NEWTON Seymour Mo</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pylorocephalitis</b>			<b>1 month</b>		
DUE TO (c) <b>urthral stenosis secondary to bladder infection ulcer</b>			<b>1 1/2 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>osteomyelitis of left leg</b>			<b>1934</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>osteomyelitis due to 1st world war wound</b>				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) <b>605X</b>			
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 <b>3/14/1955</b> , to <b>4/30</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>4/30</b> , 19 <b>56</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. M. Macdonell MD</b>		23b. ADDRESS <b>Manfield, Missouri</b>		23c. DATE SIGNED <b>5/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Star</b>	24d. LOCATION (City, town, or county) (State) <b>Wilder Co MO</b>		
DATE REC'D BY LOCAL REG. <b>5-19-56</b>	REGISTRAR'S SIGNATURE <b>Gilbert Jones</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rafael Bergman Seymour Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

MAY 23 1956

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. *Max L Miller*.....

Licensed Embalmer No. *472*

P. O. Address *Manfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.