FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43616

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11141

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Macon
c. CITY OR TOWN: Decatur 8128 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1767 Lincoln Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Haldon Middle James Last Newcome
4. DATE OF DEATH: Month Dec. Day 4, Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 14, 1913
9. AGE (In years last birthday): 43 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Moweaqua, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Newcome
14. MOTHER'S MAIDEN NAME: Parl Hardin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Address: Mae Newcome, 1767 Lincoln, Decatur, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain Tumor (type undetermined) — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 237X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 30, 1956 to Dec. 4, 1956 and last saw her/him alive on Dec. 4, 1956
Death occurred at 9:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 12/5/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-5-56
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Decatur, Ill.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4800 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 5 1956
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD M&B

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Caldwell

Licensed Embalmer No. 4

P. O. Address St Louis

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