

STANDARD CERTIFICATE OF DEATH

998

STATE FILE NUMBER

FILED FEB 11 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 124

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GREENE		b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN SPRINGFIELD		a. STATE MISSOURI		b. COUNTY GREENE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Length of stay in lb 6DAYS		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				d. STREET ADDRESS 626 W LYNN		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	
MAYME					NEWTON	2	2
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN, 25, 1874		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR	IF UNDER 24 HRS.
						Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		100. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) NEAR MARSHFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JOHN NORMAN				14. MOTHER'S MAIDEN NAME SARAH JANE HOLLAND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address THEODORE J. NEWTON SPFD. MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonitis - Right</i>							INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>
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) <i>Arteriosclerosis Head Acute. Cancer. 492x</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ <i>1/27/57</i> to _____ <i>2/2/57</i> and last saw her/him alive on _____ <i>2/2/57</i> Death occurred at _____ <i>3:30 PM</i> _____ <i>1/27/57</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. P. Harshey M.D.</i>				22b. ADDRESS <i>Springfield, Mo</i>		22c. DATE SIGNED <i>2/2/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <i>2/4/57</i>	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. <i>2-4-57</i>		26. REGISTRAR'S SIGNATURE <i>Edith Williams</i>	

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 *Paul Lehman*.....

Licensed Embalmer No. *447*.....

P. O. Address *Sppl.*.....

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.