

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

STATE FILE NUMBER **7455**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 125

| | | | | | | | |
|--|------------------------------|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kirksville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H. | | | Length of stay in lb 0 | d. STREET ADDRESS 1105 Park | | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First J. Middle Frank Last Newton | | | | 4. DATE OF DEATH Month Mar. Day 30 Year 1957 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Spet. 14, 1880 | | 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Dealer | | | 10b. KIND OF BUSINESS OR INDUSTRY Auto Sales | 11. BIRTHPLACE (City and state or country) Galliton, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME J. B. Newton | | | | 14. MOTHER'S MAIDEN NAME Mary Emma Boyd | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) X | | 16. SOCIAL SECURITY NO. 486-38-7170 | | 17. INFORMANT Address Mrs. Iva Newton, Kirksville, 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) Myocarditis & Aortitis (acute) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-vascular-renal disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 3 years. | |
| 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.) 442X | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ | | | | | | | |
| 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 Jan. 10, 1950 to March 30, 1957 and last saw him alive on March 30, 1957 Death occurred at 3:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Howard E. Gross, M.D. | | | | 22b. ADDRESS Kirksville, Mo. | | 22c. DATE SIGNED 4-1-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/1/57 | 23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery | | 23d. LOCATION (City, town, or county) (State) Kirksville, Mo. | | |
| 24. FUNERAL DIRECTOR Carl M. [Signature] ADDRESS Kirksville, Mo. | | | 25. DATE RECD. BY LOCAL REG. 4-1-1957 | | 26. REGISTRAR'S SIGNATURE Dore W. Rattiff | | |

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. 47
working under my personal supervision.

Student Richard B. Ellis
Signature of Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 47

P. O. Address Hubert

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.