FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43468
STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 5110 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY BOLLINGER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BOLLINGER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN RURAL 0090 — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) GRASSY — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) GRASSY — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First NOAH Middle FRANKLIN Last NEWELL

4. DATE OF DEATH: Month 12 Day 8 Year 57

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: MAR. 2 1882

9. AGE (In years last birthday): 75 — 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): RET

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): BOLLINGER CO MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAM D. NEWELL

14. MOTHER'S MAIDEN NAME: SARAH KIRKPATRICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Earl Newell — Address: Grassy Mo

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) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Auriculas Fibrillation — 3 weeks

DUE TO (c) Hypertension et arteriosclerotic Heart Disease — 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none

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 Dec. 3, 1957, to Dec. 8, 1957 and last saw her/him alive on 12-6-57. Death occurred at 3:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Freitas Do. 2

22b. ADDRESS: Lutesville, Mo.

22c. DATE SIGNED: 12-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12-10-57

23c. NAME OF CEMETERY OR CREMATORY: OLD CITY

23d. LOCATION (City, town, or county) (State): MORLEY MO

24. FUNERAL DIRECTOR — ADDRESS: Welsh Funeral Home - Sikeston Mo

25. DATE RECD. BY LOCAL REG.: 1/4/58

26. REGISTRAR'S SIGNATURE: Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

...t. Health, ..., & Welfare ...S. Public ...th Service

...S. 300 ...v. 1-56

...securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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

520

FEB 3 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston M

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