

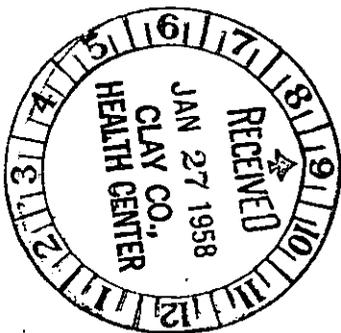
FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **618**

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CAMDEN			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN SMITHVILLE, MO.)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ELDRIDGE, MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.				e. STREET ADDRESS (If rural, give location) RURAL			
3. NAME OF DECEASED (Type or Print) a. (First) ARLEY		b. (Middle) L.		c. (Last) NEWTON		4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 29, 1896		9. AGE (In years last birthday) 61	If UNDER 1 YEAR Months 5 Days 20	If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ELDRIDGE, LALEDE CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANDREW NEWTON		13b. MOTHER'S MAIDEN NAME REIDA VARNER		14. NAME OF HUSBAND OR WIFE MAY WHITWORTH NEWTON			
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'S SIGNATURE OR NAME ADDRESS MRS. ARLEY NEWTON, ELDRIDGE, MO. R.F.D.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Encephalomalacia</i></u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><i>Arteriosclerotic changes</i></u> DUE TO (c) <u><i>Hypertension</i></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 days years years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Y YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>1-5</u> , 19 <u>58</u> , to <u>1-18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>58</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u><i>Welda L. Spertman</i></u> (Degree or title) MD				23b. ADDRESS <u><i>Post # 7 Joplin Mo</i></u>		23c. DATE SIGNED 1-18-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 20, 1958		24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEM.		24d. LOCATION (City, town, or county) (State) PLEASANT GROVE, MO.	
DATE REC'D BY LOCAL REG. 1-20-58		REGISTRAR'S SIGNATURE <u><i>Marguerite Jenkins</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME, SMITHVILLE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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



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 *Donald W. Hanks*.....

Licensed Embalmer No. *4571*

P. O. Address *Smithville, Va.*

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