

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017538

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 55 Primary Registration District No. 5190 Registrar's No. 42

5. 300  
6. 1-57

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>CARROLLTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CARROLLTON</u> <sup>0170</sup> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 1</u>	
Length of stay in lb <u>10 YEARS.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ROLLA</u> Middle <u>no</u> Last <u>NEWHAM</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>18</u> Year <u>1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB-4-1884</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>F</u>	11. BIRTHPLACE (City and state or country) <u>CARROLL COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>RICE NEWHAM</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY BROCK</u>		14. NAME OF HUSBAND OR WIFE <u>NO.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT Address <u>MRS MULUS LEAKEY CARROLLTON, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>—</u> <u>?</u> <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinomatosis (primary lung)</u>		
	DUE TO (c) <u>Senility</u> <u>1621</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year 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 4-22-55 to 5-16-58 and last saw him alive on 5-16-58  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>William &amp; Everett</u> <u>2</u>		22b. ADDRESS <u>Carrollton Mo</u>		22c. DATE SIGNED <u>5-19-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 20-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>POWELL</u>		23d. LOCATION (City, town, or county) (State) <u>CARROLLTON, RFD, MO.</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>DICKERSON FUNERAL HOME Bogard, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-19-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Verber T. Levey</u>	
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *R. M. Marheis Jr* .....

Licensed Embalmer No. *2457* .....  
P. O. Address *Carrollton* .....

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.