

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022500
STATE FILE NUMBER

9
FILED JUN 18 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WINIGAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 W. RITCHIE			Length of stay in lb 1-MO.		d. STREET ADDRESS (If outside, give location) MO.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLARA NEWTON				4. DATE OF DEATH Month MAY Day 30 Year 1958				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 18, 1883		9. AGE (In years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALID, 70 YEARS			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARIETTA, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN W. NEWTON				14. MOTHER'S MAIDEN NAME SARAH FARSON				
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 MRS. J.H. PAYNE, BROOKFIELD, 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) Uremia.							INTERVAL BETWEEN ONSET AND DEATH 7 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Uremy retention & albuminuria		DUE TO (c)		10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Polio - 70 yrs.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 8:00 a.m. Month, Day, Year 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 WINIGAN, MO.			20g. COUNTY		20h. STATE			
21. I attended the deceased from May 27 to May 28-58 and last saw her alive on May 28-58 . Death occurred at 8:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. H. Payne O.D.				22b. ADDRESS 2 Purdin, Mo		22c. DATE SIGNED 5-28-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 1, 1958	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		23d. LOCATION (City, town, or county) (State) WINIGAN, MO.			
24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, BROOKFIELD, MO				25. DATE RECD. BY LOCAL REG. 5-30-1958		26. REGISTRAR'S SIGNATURE Brookie Owens		

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Harold B. Wright*
Licensed Embalmer No. *37*

P. O. Address *Brookfield*

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.