

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022953

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 296 Primary Registration District No. 6019 Registrar's No. 16

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Orrick		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Buckner
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. SW of Orrick		Length of stay in lb 30 days	7060 STREET ADDRESS (If outside, give location) 8
3. NAME OF DECEASED (Type or print) First Middle Last William Tell Newell			4. DATE OF DEATH Month Day Year July 2 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 24, 1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) MONTHS DAYS IF UNDER 24 HRS. 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Buckner, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marcus Newell	
13b. MOTHER'S MAIDEN NAME Viola Hulckby		14. NAME OF HUSBAND OR WIFE Susie Newell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT Susie Newell		Address 11317 E. 14 Independence, 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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas W. Cook, M.R. Coroner		22b. ADDRESS Richmond, Missouri	
22c. DATE SIGNED 7/2/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 5, 1958	
23c. NAME OF CEMETERY OR CREMATORY Mecklin		23d. LOCATION (City, town, or county) (State) Near Oak Grove Missouri	
24. FUNERAL DIRECTOR Wilbur McCall		25. DATE RECD. BY LOCAL REG. 7-3-58	
ADDRESS Orrick, Mo.		26. REGISTRAR'S SIGNATURE Helen J. Laska	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

~~JUL 28 1958~~

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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 *Charles J. Tyb*

Licensed Embalmer No. *4534*

P. O. Address *Liberty MD*

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.