

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032005
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 55 Primary Registration District No. 301 Registrar's No. 72

Health,
Welfare
Public
Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		c. CITY OR TOWN <i>Bosworth</i> 0170	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>403 W. Second</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <i>4 years</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>MEADE</i> Middle <i>VERNE</i> Last <i>NEWSOM</i>		4. DATE OF DEATH Month <i>Sept.</i> Day <i>14</i> Year <i>1958</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 4-1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	9. AGE (In years last birthday) <i>60</i> IF UNDER 1 YEAR: Months <i>6</i> Days <i>10</i> Hours <i></i> Min. <i></i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
11. BIRTHPLACE (City and state or country) <i>Bosworth, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James Thomas Newsom</i>		14. MOTHER'S MAIDEN NAME <i>Nora Crane</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>493-14-9158</i>	
17. INFORMANT <i>Tom Ed Newsom</i>		Address <i>Bosworth Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cong - ht failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>pulmonary fibrosis</i> DUE TO (c) <i></i>			INTERVAL BETWEEN ONSET AND DEATH <i>525 X</i>
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"/> <i>2</i>
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 <i></i> a. m. <i></i> p. m. <i></i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. 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 <i>1957</i> to <i>14 Sept 1958</i> and last saw her alive on <i>6:25 14 Sept 58</i> Death occurred at <i>6:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W Allen MD</i>		22b. ADDRESS <i>Carrollton Mo.</i>	
22c. DATE SIGNED <i>9/15/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Sept. 16-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wharton</i>	
23d. LOCATION (City, town, or county) (State) <i>Bosworth Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Leipard & Edwards Bosworth, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-16-58</i>	
26. REGISTRAR'S SIGNATURE <i>W. Herbert Caldwell</i>			

(Licensed Embalmer's Statement on Reverse Side)

copy 4

AM
M
M

092

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 *Ben W. Gibson*

Licensed Embalmer No. 296

P. O. Address *Carroll*

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