

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000485  
STATE FILE NUMBER

**FILED JAN 27 1959** Registration District No. 19 Primary Registration District No. 5175 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldridge</u>		c. CITY OR TOWN <u>Eldridge</u> <u>6150</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>None. Rural Rt. #</u>	
3. NAME OF DECEASED (Type or print) First <u>Relda</u> Middle <u>Newton</u> Last <u>Newton</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>11</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 15, 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during life, or occupation if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and state or country) <u>Miller Co. Mo</u>
13a. FATHER'S NAME <u>Unknown Varner</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Varner</u>	14. NAME OF HUSBAND OR WIFE <u>William A. Newton</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT Address <u>Mrs. Arley Newman Camdenton, 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>Suffocation &amp; burns about the body.</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>9160</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 checked="" 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.) <u>Accident by fire.</u>	
20c. TIME OF INJURY <u>3:30</u> p.m. <u>1-11-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Eldridge, Missouri</u>	
20g. STATE <u>Mo.</u>		20h. COUNTY <u>Camden.</u>	
21. I attended the deceased from <u>Jan 11, 1959</u> to _____ and last saw her alive on _____ Death occurred at <u>3:30</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Stotler, Sheriff, A. C.</u> (Degree or title)		22b. ADDRESS <u>Camdenton, Mo.</u>	
22c. DATE SIGNED <u>1-17-59</u>			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>	23b. DATE <u>1/14/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Camdenton, Mo</u>
24. FUNERAL HOME <u>Hedges Funeral Home, Iberia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-1959</u>	26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS JUN 10 1960

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 *Walter P. Hedges* .....

Licensed Embalmer No. *4265* .....  
P. O. Address *Steuir, Mo* .....

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.