

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007497

STATE FILE NUMBER

2 1524

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 2 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 3016 Lucas
3. NAME OF DECEASED (Type or print) First Middle Last Richard Newfield			4. DATE OF DEATH Month Day Year 2 10 59
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 12, 1888
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) Pine Bluff, Ark. 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alexander Newfield		13b. MOTHER'S MAIDEN NAME Mary Ann Bowman	14. NAME OF HUSBAND OR WIFE --
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 Fleeter Burrell 329 1/2 Main St., Pine Bluff, Ark.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Azotemia DUE TO (c) Generalized arteriosclerosis - 450.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH undet.
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 2-6-59 to 2-10-59 and last saw ^{her} him alive on 2-10-59 Death occurred at 9:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard C. New</i> (Degree or title) , M.D.	22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 2-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR J. H. RANDLE & SON	ADDRESS 3133 Bell Ave.	25. DATE RECD. BY LOCAL REG. FEB 13 '59	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

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 *Ethel D. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 Wash*

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.