

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023235

FILED JUL 2 1959

STATE FILE NUMBER

2 5878

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.			Length of stay in 1b 53 DAYS		c. CITY OR TOWN LOUISIANA
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 421 NEBRASKA
3. NAME OF DECEASED (Type or print) First WALTER Middle B. Last NEWMAN			4. DATE OF DEATH Month JUNE Day 20 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-96	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MARSHAL		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) LOUISIANA, MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME WALTER NEWMAN		13b. MOTHER'S MAIDEN NAME BELL THOMPSON	
14. NAME OF HUSBAND OR WIFE DOROTHY NEWMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 488-24-7726	
17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, 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) CARCINOMATOSIS DUE TO (b) CARCINOMA LEFT UPPER LOBE DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.					
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 4-28-59 to 6-20-59 and last saw him alive on 6-20-59 Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John T. Dolan (Degree or title)		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 6/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 24, 1959	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM. LOUISIANA, MISSOURI		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR GEO. M. COLLIER, LOUISIANA, MO		25. DATE RECD. BY LOCAL REG. JUN 22 59		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m B.D.

JUL 15 1959

JUL 29 1958

VICTORY

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 Geo. M. Collier

Licensed Embalmer No. 3839

P.O. Address Louisia

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.