

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-007494**

FILED VS FEB 29 1960

Registration District No. 267 Primary Registration District No. 4396 Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little River</u>		Length of stay in 1b <u>4 Yrs.</u>	c. CITY OR TOWN <u>Wardell</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Wardell</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Wardell</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Effie</u> Middle <u>Elizabeth</u> Last <u>Newton</u>	4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1960</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/17/97</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
-------------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer-Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-Home</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>Randolph County USA</u>
---	---	---	---

13a. FATHER'S NAME <u>George Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Stokes</u>	14. NAME OF HUSBAND OR WIFE <u>Bennett Newton</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Bennett Newton - Wardell, Missouri</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>Burned up in house fire</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) _____	

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 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>Unable to get out of burning home</u>
---	--	--

20c. TIME OF INJURY <u>8</u> p.m. <u>2-17-60</u>
---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Near Wardell</u>	COUNTY <u>Pemiscot</u>	STATE <u>Mo.</u>
---	---	---	---------------------------	---------------------

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 8 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ames A. Adam</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Wardell, Mo.</u>	22c. DATE SIGNED <u>2-17-60</u>
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home-C'ville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2. 19. '60</u>	26. REGISTRAR'S SIGNATURE <u>La Harnda Adams</u>
---	---	---

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FEB 29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*This body was not embalmed.*

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *W. Deaver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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.