

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015860

FILED VS MAY 3 1960

156

Registration District No. 2001

Registrar's No. 198

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 25 Min.	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 726 N. Campbell Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Eugenia Joy Newby			4. DATE OF DEATH Month Day Year April 17, 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1950
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 4th Grade student		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 9 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Newby		13b. MOTHER'S MAIDEN NAME Charmaine Moss	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 Robert Newby Address 726 N. Campbell Webb City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute heart failure			INTERVAL BETWEEN ONSET AND DEATH 25 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe head, chest & Abdominal injuries and severe shock condition due to auto accident			
DUE TO (c) accident			
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.) Auto accident	
20c. TIME OF INJURY 4:25 Hour <input checked="" type="checkbox"/> p.m. Month, Day, Year 4-17-60			
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.) County Road	20f. CITY, TOWN, OR LOCATION Rural	COUNTY STATE Jasper Mo.
21. I attended the deceased from 4-17-60 to 4-17-60 and last saw her alive on 4-17-60 Death occurred at 4:25 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. Paula L. Napp</i> (Degree or title) M.D.		22b. ADDRESS 3410 Ruby Way, Joplin, Mo.	22c. DATE SIGNED 4-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Missouri
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Webb City, Missouri ADDRESS		25. DATE RECD. BY LOCAL REG. 4-25-1960	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.

Student _____
Signature of Student Embalmer

Signed Jack B. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.