

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19202**
Registrar's No. **541-A**

BIRTH NO. _____ **REG. DIST. NO.** 128 **PRIMARY REG. DIST. NO.** 2000

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
c. LENGTH OF STAY (in this place) 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 511 W Nichols

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE MO
b. COUNTY Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
d. STREET ADDRESS (If rural, give location) 511 W. Nichols

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) Shirley c. (Last) Norman
4. DATE OF DEATH (Month) (Day) (Year) June 17 1949

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** Feb 9 1901 **9. AGE** (In years last birthday) 48 IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours 8 Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Dept **10b. KIND OF BUSINESS, OR INDUSTRY** Rail Road **11. BIRTHPLACE** (State or foreign country) UNKNOWN **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Reuben Norman **13b. MOTHER'S MAIDEN NAME** Mary Smith **14. NAME OF HUSBAND OR WIFE** Audrey Logan Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 491-03-9084 **17. INFORMANT'S SIGNATURE OR NAME** Audrey Marie Norman **ADDRESS** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 8 year

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from June 15, 1949, to June 17, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gene W. Farthing M.D. **23b. ADDRESS** Springfield, Mo. **23c. DATE SIGNED** 6-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** June 17-49 **24c. NAME OF CEMETERY OR CREMATORY** BLUFF **24d. LOCATION** (City, town, or county) (State) Springdale, ARK

DATE REC'D BY LOCAL REG. 6-22-49 **REGISTRAR'S SIGNATURE** W. J. Handley **5. FUNERAL DIRECTOR'S SIGNATURE** Callison **ADDRESS** Springdale, Arkansas

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
6

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.

Body will be Emb. In Cert.

Signed *Gilbert J. Sisco*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *561 Cert*

P. O. Address *Springdale, Ark*

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 this body is not embalmed, fact should be so stated above.

JUL 6

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