

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22511

State File No. _____

FILED JUL 20 1949

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Fristoe" township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Fristoe" township</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>3M-S-W of Fristoe Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3M-S-W of Fristoe Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMORY</u> b. (Middle) <u>"M"</u> c. (Last) <u>NORMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 4, 1862</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 4 HRS. Hours <u>3</u> Min. _____	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Hickory County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JOHN NORMAN</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel KIRBY</u>	14. NAME OF HUSBAND OR WIFE <u>NETTIE NORMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. T. Bailey</u> ADDRESS <u>Fristoe Mo. R. 1</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> 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. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
18. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>		794X 111 unknown	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fristoe Township Benton Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Mar. 1, 1945</u> , to <u>7/9/49</u> , 19____, that I last saw the deceased alive on <u>7/7/49</u> , 19____, and that death occurred at <u>9:27 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>V. Eversally, MD</u> (Degree or title)		23b. ADDRESS <u>Warsaw, Mo.</u>	
23c. DATE SIGNED <u>7/9/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/10/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. H. Heman</u>	24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>
DATE REC'D BY LOCAL REG. <u>July 10 1949</u>	REGISTRAR'S SIGNATURE <u>Jas A Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Fisher</u>	ADDRESS <u>Warsaw</u>

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

RECEIVED
District Health Officer No. 71
District File Number 6-49-856
Date Filed 7-18-49

M

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
Student Embalmer

Signed *J. K. [Signature]*

Licensed Embalmer No. 4643

P. O. Address Wardlaw 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 this body is not embalmed, fact should be so stated above.