

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7637

| | | | | | | | |
|---|------------------------|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 38 | | PRIMARY REG. DIST. NO. 3006 | | Registrar's No. 98 | |
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Columbia | | c. LENGTH OF STAY (In this place) Lifetime | | c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0104 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Daniel Boone Hotel | | | | d. STREET ADDRESS (If rural, give location) Daniel Boone Hotel | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LOGAN | | | b. (Middle) EMMETT | | c. (Last) NORVELL | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 25, 1950 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0 | 8. DATE OF BIRTH May 17, 1892 | | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Boone County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME John Wesley Norvell | | | 13b. MOTHER'S MAIDEN NAME Sarah Frances Stephens | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Joel Wayland, Columbia, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Solar pneumonia bilateral | | | | 3 | |
| | | ANTECEDENT CAUSES | | | | 1 | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) m. | | 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>viewed as coroner</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Harry M. Griffith, M.D. Coroner | | | | 23b. ADDRESS Columbia Mo | | 23c. DATE SIGNED 3-27-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar. 28, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Bonne Femme Cemetery | | 24d. LOCATION (City, town, or county) (State) Boone County, Missouri. | | |
| DATE REC'D BY LOCAL REG. Mar. 27 1950 | | REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS a Career Funeral Service, Columbia, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 3 1950
District Health Officer No. 9,
District File Number
MAY 10 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
Tom M. Long

Licensed Embalmer No.....
4067

P. O. Address.....
Columbia 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.