

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29672**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **282**

**1. PLACE OF DEATH**  
a. COUNTY **Cape Girardeau**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau** c. LENGTH OF STAY (in this place) **7 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **515 South Hanover**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Cape Girardeau**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau** **0164**  
d. STREET ADDRESS (If rural, give location) **515 South Hanover**

**3. NAME OF DECEASED**  
a. (First) **Elsie** b. (Middle) **Green** c. (Last) **Norman**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Sept. 15, 1950**

**5. SEX**  
**Female**

**6. COLOR OR RACE**  
**White**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**  
**Widowed**

**8. DATE OF BIRTH**  
**Jan. 13, 1872**

**9. AGE** (In years last birthday) **78** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country)  
**near Barlow, Kentucky**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.**

**13a. FATHER'S NAME**  
**James Lewis Howle**

**13b. MOTHER'S MAIDEN NAME**  
**Amanda P. Thomason**

**14. NAME OF HUSBAND OR WIFE**  
**Francis M. Norman**

**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'S SIGNATURE OR NAME** **Cape Address**  
**Frances M. Norman, Mo**

**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.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Carcinomatosis**  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Carcinoma of Stomach**  
DUE TO (c) **Cardiac failure**  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
**1 year**  
**1 1/2 yrs.**  
**15 1/2 yrs.**  
**1 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) m.

**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** **July 8, 1948**, to **Sept 15, 1950**, that I last saw the deceased alive on **Sept 15, 1950**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title)  
**John Crowe M.D.**

**23b. ADDRESS**  
**Cape Girardeau Mo**

**23c. DATE SIGNED**  
**9/15/50**

**24a. BURIAL, CREMATION, REMOVAL (Specify)**  
**Burial**

**24b. DATE**  
**Sept. 17, 1950**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Morley Cemetery**

**24d. LOCATION (City, town, or county) (State)**  
**Morley, Missouri**

**DATE REC'D BY LOCAL REG.**  
**9-15-1950**

**REGISTRAR'S SIGNATURE**  
**G. G. Summers**

**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**  
**Harold B. Norman - Cape Gir., Mo**

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

1164

**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 Howard R. Haman.....

Licensed Embalmer No. 4182.....

P. O. Address Cape Girardeau, 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.