

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24828**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **336**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 3 WKS		d. STREET ADDRESS (If rural, give location) 1420 Virginia Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Hilda		b. (Middle)		c. (Last) Norman		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Don't know		8. DATE OF BIRTH September 9, 1908	
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and State or Foreign Country) Alba, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Bill Swoveland		13b. MOTHER'S MAIDEN NAME Mollie Haslip		14. NAME OF HUSBAND OR WIFE Don't Know	

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 ADDRESS Police Dept., Joplin, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema secondary to contusions of the head		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (By party or parties unknown) Coronary artery disease					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalitis of the brain		Aspirin				Unknown	

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) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Approx 7 16 52 unknown		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Beaten over head + cerebral edema occurred as a result of such			

22. I hereby certify that I attended the deceased from **and, for attend home**, 19**52**, 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) W. W. Bennett, M.D., Joplin Hosp. Joplin, Mo.		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 7/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A		24b. DATE 7-21-1952		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
24d. LOCATION (City, town, or county) (State) Joplin, Missouri					

DATE REC'D BY LOCAL REG. 8-7-52		REGISTRAR'S SIGNATURE Ed A. James 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

Missouri

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

405

AUG 11 1952

RECEIVED 8-8-52
Jasper County Health Office

County File Number 52/17/625
Date Filed 8-9-52

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 Leisa Hamilton

Licensed Embalmer No. _____

P. O. Address _____

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.