

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30551

State File No. ....

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>	PRIMARY REG. DIST. NO. <u>3076</u>	Registrar's No. <u>144</u>
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> <u>10870</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> <u>Mo.</u>		
b. CITY OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>9 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>NORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-30-52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>U</u>	8. DATE OF BIRTH <u>April 25-1950</u>	9. AGE (In years last birthday) <u>2</u> <u>Months</u> <u>Days</u> <u>Hours</u> <u>Mins.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Mo.</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Marie Kenthorpe</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Norman</u> ADDRESS <u>El Dorado Springs, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metahemoglobinemia</u>		
		DUE TO (c) <u>aspirin poisoning, unknown amount</u>		<u>36 hours</u>
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u> <u>of aspirin taken.</u> <u>E 8720</u> <u>22</u>		
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>020</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>Aug. 30</u> , 19 <u>52</u> , to <u>Aug. 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug. 30</u> , 1952, and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or Title)		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>9/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dackleman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-52</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>HSI</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Swinn-Carothers El Dorado Springs</u>		

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

JUN 18 1953

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 *Wm W. Beckering* \_\_\_\_\_

Licensed Embalmer No. *4678* \_\_\_\_\_

P. O. Address *El Dorado Spring* \_\_\_\_\_

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.