

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10641

State File No.

No. 300
10-48

FILED MAR 21 1953

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 10

660

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

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SABINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SABINE</u> <u>0660</u>	
c. LENGTH OF STAY (in this place) <u>62yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2mi-N-W-Spring-Garden</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Price</u> c. (Last) <u>NORFLEET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-13-1953</u>		
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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>20 Nov-1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock-Farming</u>	11. BIRTHPLACE (State or foreign country) <u>MILLER-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>CLARK-NORFLEET</u>	13b. MOTHER'S MAIDEN NAME <u>CORNELIA-MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>Viola-NORFLEET</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola-NORFLEET-</u>	ADDRESS <u>OLEAN-MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>FEW MINUTES</u>
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>STRANGULATION</u>		
	DUE TO (c) <u>SUICIDAL HANGING</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>BARN</u>	21c. (OFF-TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SABINE MILLER MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH-13-1953-10:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Rope-about-Neck-</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.S. Humphreys, D.O.</u>	23b. ADDRESS <u>Tus-cum-bia-Mo</u>	23c. DATE SIGNED <u>14 March 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>15 MARCH-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SPRING-GARDEN</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER-CO MO</u>
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DATE REC'D BY LOCAL REG. <u>MAR. 14 '53</u>	REGISTRAR'S SIGNATURE <u>Oliveretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>	ADDRESS <u>ELDON MO</u>
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DAVID V. STANLEY
MAY 19 1952

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

Keith McKays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.