

FILED MAY 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15238**

| | | | | | | | |
|--|-------------------------------|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 276 | | PRIMARY REG. DIST. NO. 4410 | | Registrar's No. 29 | |
| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo. | | 0870 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital | | | | d. STREET ADDRESS (If rural, give location) 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George | | | b. (Middle) William | | c. (Last) Norman | | 4. DATE OF DEATH (Month) May (Day) 8 (Year) 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 16 1894 | | 9. AGE (In years last birthday) 59 If under 1 year: Days 0 Hours 22 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dis | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Bentley Norman | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Anna | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. 525 09 0122 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Norman St. James, Missouri | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) cardiac decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthma | | | INTERVAL BETWEEN ONSET AND DEATH one year |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 442 X | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 April 4, 1952 to May 8, 1953 , that I last saw the deceased alive on May 8, 1953 , and that death occurred at 12:30 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Arthur D. Gottschalk M.D. | | | | 23b. ADDRESS St. James, Mo | | 23c. DATE SIGNED 5/9/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 10 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cemetery | | 24d. LOCATION (City, town, or county) (State) St. James, Missouri | |
| DATE REC'D BY LOCAL REG. 5-9-1953 | | REGISTRAR'S SIGNATURE Ruth B Powell 479 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Gene Gohs, St. James, Mo | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—EXACTLY AS SHOWN

EGG, O & AYFF

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 Jesse Gehr

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.