

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30724

State File No.

FILED AUG 31 1953

REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 170

972

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Marshall, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) 34 Yrs. OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 North Odell		d. STREET ADDRESS (If rural, give location) 221 North Odell	
3. NAME OF DECEASED a. (First) Anna (Type or Print)		b. (Middle) Catherine c. (Last) Norvell	
4. DATE OF DEATH Aug. 23 1953		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 20-1858		9. AGE (In years last birthday) 95 If UNDER 1 YEAR: Months 4 Days 3 If UNDER 12 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Howork		13b. MOTHER'S MAIDEN NAME Does Not Know	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John Norvell-Marshall, Missouri		ADDRESS	
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) Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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) (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 Mo 10 , 1950 to 8/23 , 1953 that I last saw the deceased alive on 8/22 , 1953 and that death occurred at 5:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Marshall, Mo.	
23c. DATE SIGNED 8/24/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/53	
24c. NAME OF CEMETERY OR CREMATORY Gillian Cemetery		24d. LOCATION (City, town, or county) (State) Gillian, Missouri	
DATE REC'D BY LOCAL REG. 8-25-1953		REGISTRAR'S SIGNATURE Bidway T Gray	
25. FUNERAL DIRECTOR'S SIGNATURE J. Lehi Sussman		ADDRESS Marshall, Mo.	

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 _____

J. Leslie Sweeney

Licensed Embalmer No. *2215*

P. O. Address *Marshall, 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.