

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34968**

FILED OCT 28 1953

BIRTH NO.		REG. DIST. NO. <i>16</i>		PRIMARY REG. DIST. NO. <i>5076</i>		Registrar's No. <i>18</i>				
1. PLACE OF DEATH a. COUNTY <i>Barston</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>						
b. CITY (If outside corporate limits, write BURIAL and give OR TOWNSHIP <i>Barston</i>)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Kansas City</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hwy - 71. 1/2 mile North of Jasper Mo</i>				e. STREET ADDRESS (If rural, give location) <i>1008 W. 69th. St. 3858</i>						
3. NAME OF DECEASED (Type or Print) <i>FRANK</i>			a. (First)		b. (Middle)		c. (Last) <i>NORMAN</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 17, 1953</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>July 13, 1917</i>		
9. AGE (In years last birthday) <i>36</i>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Used Car Attendant</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Goddard Chevrolet</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas City, Mo. 0</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Victor Norman</i>			13b. MOTHER'S MAIDEN NAME <i>Eva Brown</i>			14. NAME OF HUSBAND OR WIFE <i>Nettie Norman</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service)			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Victor E. Norman - 2433 Paseo</i>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Two Car Head on Collision</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Several</i>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Internal Injury Skull Fracture</i>								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E8164 26</i>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>1/2 - 71 - 1/2 mile North of Jasper</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>Jasper Mo</i>		COUNTY <i>Barston</i>		(STATE) <i>Mo</i>		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:30 P</i> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>Charles W. Chile 3 Corner</i>				23b. ADDRESS <i>Jama Mo</i>				23c. DATE SIGNED <i>Oct 18 53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10/18/53</i>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>				
DATE REC'D BY LOCAL REG. <i>Oct. 19 1953</i>		REGISTRAR'S SIGNATURE <i>Blair H. Pugh</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. Sterling Biller</i>		ADDRESS <i>212 Vine</i>				

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

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DEC 4 1953
JAN 5 1955

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.....
Signature of Student Embalmer

Signed *E. Sterling Bell*

Licensed Embalmer No. *317*

P. O. Address *12120*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.