

No. 300  
10. 48

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3715

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>952</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (If in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bradleyville 1060</u>		d. STREET ADDRESS (If rural, give location) <u>Bradleyville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stages Comm. Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sammy</u> b. (Middle) <u>Lee</u> c. (Last) <u>Norwine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1954</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>MARCH 11, 1952</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13a. FATHER'S NAME <u>Sam Norwine</u>			13b. MOTHER'S MAIDEN NAME <u>Dona Casey</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Norwine</u> ADDRESS <u>Bradleyville, Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>B Pneumonia acute infectious</u> ANTECEDENT CAUSES <u>14.2 rd burn</u> 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 <u>E9169</u> <u>40</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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>Jan 1st</u> , 19 <u>54</u> , to <u>Jan 4th</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 4th</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree of title)				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bradleyville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-20-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>				

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

**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 Walter S. Cobb

Licensed Embalmer No. 7731

P. O. Address Fayette 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.