

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34169

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5843</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL SHOAL CREEK			c. LENGTH OF STAY (In this place) 15 YRS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL SHOAL CREEK					
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 2, SENECA				d. STREET ADDRESS (If rural, give location) ROUTE 2, SENECA				<u>0130</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN	b. (Middle) HARVEY	c. (Last) NORVELL		4. DATE OF DEATH (Month) (Day) (Year) OCT. 18, 1955			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 22, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (State or foreign country) GOLDEN CITY, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME FRANK NORVELL			13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MYRTLE NORVELL				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WWI	17. INFORMANT'S SIGNATURE OR NAME MRS. MYRTLE NORVELL, RT. 2, SENECA, MO						
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>Cause of Death Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Had been ill for years</u> DUE TO (c) <u>Time of death in doctor</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>in attendance 7955</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) _____ m.			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 <u>10-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert H. Jones, Jr. Coroner, Newton, Mo.</u> (Degree or title)				23b. ADDRESS _____			23c. DATE SIGNED <u>10-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>10-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY		24d. LOCATION (City, town, or county) (State) HORNET, MISSOURI				
DATE REC'D BY LOCAL REG. <u>10-26-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u> <u>483-4</u>		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed NOV 4 1955

NEWTON COUNTY HEALTH UNL

NEOSHO, MISSOURI-

NOV 7 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Ave

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.