

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 days</u>		e. STREET ADDRESS (If rural, give location) <u>Bloomfield, Route # 2. 10301</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u> b. (Middle) <u>PEARL</u> c. (Last) <u>NORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1956</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13, 1918</u>
9. AGE (In years last birthday) <u>37</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Clint Edwards</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Pearl Scism</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Norman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>492-12-7183</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry N. Norman Bloomfield, Mo. R#2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Anuria</u> DUE TO (c) <u>Shock.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgery &amp; Hemorrhage</u>	
19a. DATE OF OPERATION <u>1-29-56</u>	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 <u>1/29</u> , 19 <u>56</u> , to <u>2/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/4</u> , 19 <u>56</u> , and that death occurred at <u>2:20p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L.W. Higgins M.D.</u>		23b. ADDRESS <u>Cape Osteopathic Hospital</u>	23c. DATE SIGNED <u>2-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-7-56</u>	REGISTRAR'S SIGNATURE <u>Lo. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>	

WRITE PLAINLY—USING UNFAADING 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 Lulu Cooper #499..... Student Embalmer No. 4119  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lulu Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, I

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.