Health, & Welfare Public Service

S. 300
. 1-56

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14115
STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. 5863 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Oregon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Couch Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Cocuh Township 0750 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Minnie Middle Last Norman

4. DATE OF DEATH Month Day Year April 5, 1957

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH March 7, 1882

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 0 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (City and state or country) Alton, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August Copenhagen

14. MOTHER'S MAIDEN NAME Adeline Wallis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Ralph Copenhagen, Thayer, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac T Mamlinis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Tee Dee Martin Coroner 3

22b. ADDRESS Thayer, Mo.

22c. DATE SIGNED 4-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-7-1957

23c. NAME OF CEMETERY OR CREMATORY Norman Cemetery

23d. LOCATION (City, town, or county) (State) Oregon County, Missouri

24. FUNERAL DIRECTOR ADDRESS Edward Tartin Thayer, Mo

25. DATE RECD. BY LOCAL REG. 4-9-57

26. REGISTRAR'S SIGNATURE Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

468

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerard Carter

Licensed Embalmer No. 457

P. O. Address Thayer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.