

Health,
Welfare
Public
Service

FILED AUG 1 1957

THE OFFICE OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24662
STATE FILE NUMBER
3083

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3083

1. PLACE OF DEATH a. COUNTY <i>Jackson</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, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Categraphis Hosp</i>		Length of stay in lb <i>21 hrs</i>	d. STREET ADDRESS (If outside give location) <i>428 Fairly Terrace</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Norma E. King</i>			4. DATE OF DEATH Month Day Year <i>June 30, 1957</i>			
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 18, 1929</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>27</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Melvin B. Atwell</i>	13b. MOTHER'S MAIDEN NAME <i>Isabell Pierce</i>	13c. NAME OF HUSBAND OR WIFE <i>Claud M. King</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>496-26-5074</i>	17. INFORMANT <i>Claud M. King</i>	Address <i>428 Fairly Ter</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Massive IntraVentricular Brain Hemorrhage - 1 day</i>		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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21: I attended the deceased from *6-29-57* to *6-30-57* and last saw her alive on *6-29-57*
Death occurred at *S.K.P.* on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Fred J. Zammara</i>	(Degree or title)	21b. ADDRESS <i>300 Ashbury, Englewood</i>	21c. DATE SIGNED <i>7-1-57</i>
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23a. BURIAL, CREMATION, OR DISPOSAL <i>Burial</i>	23b. DATE <i>July 2, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound View Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Independence, Mo</i>
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24. FUNERAL DIRECTOR <i>Vivian R. Peake</i>	ADDRESS <i>Independence, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>7-3-57</i>	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

Fred J. Zammara
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *William L. Kessler*

Licensed Embalmer No. *4225*
P. O. Address *Bridgeport 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.