

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17257

STATE FILE NUMBER

6204

FILED JAN 17 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6204

|   |                        |  |  |   |  |   |  |
|---|------------------------|--|--|---|--|---|--|
| 1. PLACE OF DEATH   |                        |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |   |  |
| a. COUNTY Jackson   |                        | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City  |  | a. STATE KANSAS   |  | b. COUNTY Woodson   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital   |                        | Length of stay in lb 19 days   |  | c. CITY OR TOWN Yates Center  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last NORMA R. Forquer  |                        |  |  | 4. DATE OF DEATH Month Day Year Dec. 30 '57   |  |   |  |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH 8-24-24  |  | 9. AGE (In years last birthday) 33  |  |
| 10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) at home  |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country) Yates Center, Kans.                        |  | 12. CITIZEN OF WHAT COUNTRY? U.S.   |  |
| 13. FATHER'S NAME Ernest Thoroughman  |                        |  |  | 14. MOTHER'S MAIDEN NAME unknown  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  |                        | 16. SOCIAL SECURITY NO. none   |  | 17. INFORMANT Address Robert V. Forquer, Yates Center, Kans.                          |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Postoperative pelvic hemorrhage<br>DUE TO (b) Pelvic penetration<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Surgery for advanced carcinoma of cervix |                        |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>24 hrs<br>12-13-57<br>171+ |
| 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.)   |  |   |  |   |  |
| 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  |  |
| 21. I attended the deceased from 12-1-57 to 12-30-57 and last saw her alive on 12-29-57<br>Death occurred at 3:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |  |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title) Neill Berry M.D.   |                        |  |  | 22b. ADDRESS 4706 Broadway K. Mo.   |  | 22c. DATE SIGNED 12-30-57   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |                        | 23b. DATE 12-30-57   |  | 23c. NAME OF CEMETERY OR CREMATORY Yates Center, Kansas                               |  | 23d. LOCATION (City, town, or county) (State)                                     |  |
| 24. FUNERAL DIRECTOR ADDRESS France-Wornall Funeral Home  |                        | 25. DATE RECD. BY LOCAL REG. 12-30-57  |  | 26. REGISTRAR'S SIGNATURE neva minshall   |  |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Neill Berry

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.

Health, & Welfare  
Public  
Service

S. 300  
v. 1-56

AUG 14 1958



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

*Russell N. Fran*

Licensed Embalmer No. 429

P. O. Address K.C., 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.