THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1958

58-011045
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 5964 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Platte	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte 0830
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parkville — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Parkville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. # 3 — Length of stay in Ib 25 years	d. STREET ADDRESS (If outside, give location) R. R. #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First [redacted] Middle SOLOMON Last G. NORMAND

4. DATE OF DEATH Month March Day 3 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug. 23, 1886

9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Consumer Mill Corporation

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Russia 6

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abraham Goldberg

13b. MOTHER'S MAIDEN NAME Mrucha Miniovitz

14. NAME OF HUSBAND OR WIFE Rebecca Normand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 496-10-7584

17. INFORMANT Rebecca Normand Address R. R. #3, Parkville

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	coronary sclerosis	5 years
DUE TO (c)	Generalized arteriosclerosis	15 yrs

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 July 1, 1955 to Mar 3, 1958 and last saw her/him alive on Mar 3, 1958

Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. C. Thurman M.D. (Degree or title) 0

22b. ADDRESS 118 1st St Parkville Mo

22c. DATE SIGNED 3-5-58

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

23b. DATE March 6, 1958

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

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

24. FUNERAL DIRECTOR Stine & McClure Und. Co. ADDRESS K. C., Mo.

25. DATE RECD. BY LOCAL REG. Mar 6 1958

26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 19 1958

MAR 18 1958

JUN 19 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 William M. Turner

Licensed Embalmer No. 4648

Kansas City, 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.