

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018405

STATE FILE NUMBER
2252

FILED MAY 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2252

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 130
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 20YRS.	d. STREET ADDRESS (If outside, give location) 704 CHERRY
3. NAME OF DECEASED (Type or print) First Pat Middle Normile Last Normile		4. DATE OF DEATH Month 5 Day 1 Year 1958	

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINT. MAN	10b. KIND OF BUSINESS OR INDUSTRY 704 CHERRY	11. BIRTHPLACE (City and state or country) PURCELL, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME MARY NORMILE	14. NAME OF HUSBAND OR WIFE NONE	

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. 500-12-3394A	17. INFORMANT MARY LEWIS 2225 1/2 Holmes K.C.Mo.
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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) Pending acute pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atrophy of kidney (renal)	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"/> 594X

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 10:34 A. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 24th & Cherry	COUNTY	STATE
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21. I attended the deceased from **5-1-58** to **May 1, 1958** and last saw ^{her}him alive on **May 1, 1958**
Death occurred at **10:34 A.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. Normile, M.D. (Degree or title)	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 5-2-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-3-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR WEINERT FUNERAL HOME K.C. Mo.	25. DATE RECD. BY LOCAL REG. 5-3-58	26. REGISTRAR'S SIGNATURE neva minshall
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BURIALS

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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 B. E. Wilcox

Licensed Embalmer No. 4075
P. O. Address KC 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.