

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002507

STATE FILE NUMBER

JAN 7 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b> <i>1830</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Whitaker Hospital</b>		d. STREET ADDRESS <b>406 Epperson St.</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>I.</b> Last <b>Norfolk</b>		4. DATE OF DEATH Month <b>1</b> Day <b>3</b> Year <b>59</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5/2/1882</b>
9. AGE (In years last birthday) <b>76</b>		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) <b>Postal Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabsh Railroad</b>	11. BIRTHPLACE (City and state or country) <b>LaPlata Missouri</b>
13. FATHER'S NAME <b>Lou Norfolk</b>		14. MOTHER'S MAIDEN NAME <b>Barbara Cowan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. F.I. Norfolk</b>		Address <b>Moberly Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Prolonged Recumbency Necessitated by Gangrene of Left Foot.</b>			
DUE TO (c) <b>Arteriosclerosis</b>			
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 type="checkbox"/> NO <input checked="" 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 _____ a. m. _____ p. m. _____	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	COUNTY _____ STATE _____
21. I attended the deceased from <b>3/26/56</b> to <b>1/3/59</b> and last saw <del>her</del> <b>him</b> alive on <b>1/3/59</b> Death occurred at <b>5:30A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. J. Whitaker D.O.</b>		22b. ADDRESS <b>205 S. 5th St., Moberly, Mo.</b>	22c. DATE SIGNED <b>1/3/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/4/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>
24. FUNERAL DIRECTOR <b>Marion E. Million</b>		ADDRESS <b>Moberly, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-3-59</b>
			26. REGISTRAR'S SIGNATURE <b>Carroll</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

h, fare ic ice 0 66 diseases in Part I must be causality related. Coroner cannot carry to a death due to natural causes.

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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 by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold E. Ellis*

Licensed Embalmer No. 395

P. O. Address Moberly

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