

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011987

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 333 Primary Registration District No. 8115 Registrar's No. 61

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Scott</u>		
b. CITY OR TOWN <u>MINER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MINER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>94w</u>	d. STREET ADDRESS <u>-</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ALFRED</u> Last <u>NORMAN</u>			4. DATE OF DEATH Month <u>4</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 12 1899</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINER</u>	11. BIRTHPLACE (City and state or country) <u>WILLIAMSON CO ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN NORMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH PER DUE</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>CARL MANN - CARTERVILLE ILL</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocardial Ischemia</u> DUE TO (c) <u>Systemic Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>					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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>-</u>					
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 <u>Sept 1958</u> , to <u>3-14-59</u> and last saw her alive on <u>3-14-59</u> Death occurred at: <u>4-4-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>L. J. [Signature]</u> (Degree or title)			22b. ADDRESS <u>725 N. Main St.</u>		22c. DATE SIGNED <u>4-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOW</u>		23d. LOCATION (City, town, or county) (State) <u>MARION, ILL.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Welsh Funeral Home Director</u>			25. DATE RECD. BY LOCAL REG. <u>4-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Man Ella Hunter</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

