

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021595

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2840
Registrator's No. 2840

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>1115 Comman Apt 320</u>	
Length of stay in 1b <u>unk</u>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>H.</u> Last <u>NORMAN</u>			4. DATE OF DEATH Month <u>6</u> Day <u>10</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> <u>unk</u> FORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-16-1908</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (City and state or country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter L. Norman</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Eldora Clingenpeel</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
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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>unk.</u>	17. INFORMANT <u>McQueen Funeral Home</u> Address <u>Wheaton Mo.</u>
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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) <u>Bullet wound head</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Apparently suicide</u>
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20c. TIME OF INJURY Hour _____ a.m. <u>6-8</u> p.m. <u>59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Residence</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>Mo</u>
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hugh H Owens Corner</u>	22b. ADDRESS <u>1034 Packer Bldg</u>	22c. DATE SIGNED <u>6-10-59</u>
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23a. FUNERAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-11-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Rock Comfort, Mo.</u>
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24. FUNERAL DIRECTOR <u>McQueen F.H. Wheaton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-10-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Ronald Pasantino*

Licensed Embalmer No. *4554*
P. O. Address *KCMO*

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.