

FILED JUL 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023241

STATE FILE NUMBER
Registrar's **2-6151**

Registration District No. _____ Primary Registration District No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital | | d. STREET ADDRESS (If outside, give location) 3427 Washington, Blvd. | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last John Sidney Parker Norman | | | 4. DATE OF DEATH Month Day Year June 28, 1959 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH June 29, 1903 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Construction | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Francis, Oklahoma/ | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME J. H. Norman | 13b. MOTHER'S MAIDEN NAME Caldiona Chism | 14. NAME OF HUSBAND OR WIFE Unknown |
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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) No. Nil. | 16. SOCIAL SECURITY NO. — | 17. INFORMANT James Norman, 1508 East 6th, St. | Address |
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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) Atherosclerotic Coronary Occlusion superimposed on emphysematous chronic pulmonary disease | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| 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) | | |

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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 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 |
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| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Patrick Taylor Carauer | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 6.29.59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-30-59 | 23c. NAME OF CEMETERY OR CREMATORY Local | 23d. LOCATION (City, town, or county) (State) Oklmulgee, Oklahoma. |
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| 24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd. | 25. DATE RECD. BY LOCAL REG. JUN 29 59 | 26. REGISTRAR'S SIGNATURE Neal Smith, M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert M Murray*
Licensed Embalmer No. *3749*
P. O. Address *St Louis 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.