

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

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Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5886 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 weeks		c. CITY OR TOWN Kingsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Johnnye Middle Myrl Last Norvell				4. DATE OF DEATH Month December , Day 6th Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-6-21		9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Kelly Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Lewis Fletcher				13b. MOTHER'S MAIDEN NAME Lilly L. Goar				14. NAME OF HUSBAND OR WIFE Edward Norvell					
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. xxxx		17. INFORMANT Address Edward Norvell, Kingsville, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) secondary from DUE TO (c) Carcinoma of Cervix										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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					
21. I attended the deceased from 6-3-57 to 12-6-59 and last saw her alive on 12/5/59 - 6 pm Death occurred at 12-6-59 - 6 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. Jack Prinz (Degree or title) M.D.						22b. ADDRESS 701 E 63 rd KC Mo.			22c. DATE SIGNED 12/7/59				
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE 12/10/1959		23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		23d. LOCATION (City, town, or county) Holden, Missouri.		(State)					
24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Missouri				ADDRESS		25. DATE RECD. BY LOCAL REG. 12-7-59		26. REGISTRAR'S SIGNATURE Irlva Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK PRINZ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missou

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.