

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007083

FILED VS FEB 23 1960 383

Primary Registration District No. 5655 Registrar's No. 170

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>													
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		Length of stay in 1b		c. CITY OR TOWN <b>Mt. Vernon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bliss Haven Nursing Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>Mt. Vernon</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>A.</b> Last <b>Norman</b>				4. DATE OF DEATH Month <b>February</b> Day <b>11,</b> Year <b>1960</b>													
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>1-12-1894</b>		9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroader</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Lawrence Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>									
13a. FATHER'S NAME <b>William Norman</b>				13b. MOTHER'S MAIDEN NAME <b>Martha McNatt</b>				14. NAME OF HUSBAND OR WIFE <b>Divorced</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>702-18-3603</b>		17. INFORMANT Address <b>Mrs. Martha Reidle Aurora, Missouri</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>Myocardial Failure</b> DUE TO (b) <b>Ch. (Cor Pulmonale) Myocarditis + Decompensation w/typ</b> DUE TO (c) <b>Bronchitis Chr + Emphysema</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bullous Emphysema - bilateral; Hc - started</b>										INTERVAL BETWEEN ONSET AND DEATH <b>12+ yrs</b>							
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.				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>5/19/58</b> to <b>2/11/60</b> and last saw him alive on <b>5/17/59</b> Death occurred at <b>6:30 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <b>Emmett Glover MD</b> (Degree or title)						22b. ADDRESS <b>Mt. Vernon, Mo</b>						22c. DATE SIGNED <b>2/11/60</b> (Style)					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE <b>2-13-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>				23d. LOCATION (City, town, or county) <b>Aurora, Missouri</b>							
24. FUNERAL DIRECTOR <b>Oscar L. Marsh</b> ADDRESS <b>Aurora, Missouri</b>						25. DATE RECD. BY LOCAL REG. <b>2-13-60</b>		26. REGISTRAR'S SIGNATURE <b>H B Foy</b>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1960

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 Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett  
Signature of Student Embalmer

Signed Orval L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amoria m

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